CITY AND COUNTY OF NEWCASTLE UPON TYNE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950

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Co-operative Printing Society Ltd., Rutherford Street, Newcastle-on-Tyne.

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HEALTH COMMITTEE.

1950.

The Lord Mayor (Ald. N. H. Chapman).

Ald. J. Chapman, M.B.E.

„ J. T. Horton.

„ Mrs. F. E. Taylor, J.P.

Coun. R. M. Henderson, J.P.

„ Mrs. C. C. Scott, J.P.

„ A. C. Curry, J.P.

„ W. G. Benn

„ R. G. Hutton.

„ Mrs. V. H. Grantham (*Sheriff*).

Coun. Mrs. M. B. Fenwick (Chairman).

„ Mrs. I. McCambridge, (Vice-Chairman).

„ Mrs. R. A. Dixon.

„ Miss M. McGreevy.

SUB-COMMITTEE AS TO NATIONAL HEALTH SERVICE ACT.

The Sub-Committee as to National Health Service Act consisted of the above members of the Health Committee, together with the following representatives of other bodies:

British Medical Association and Local Executive Council	Dr. H. F. Wattsford.
Board of Governors of the Teaching Hospitals	Dr. S. Whateley Davidson.
Durham University	Prof. Sir J. C. Spence, M.C.
Voluntary Bodies	Miss Teresa Merz, O.B.E., J.P. Miss F. E. Pybus.
Education Committee	Ald. G. Dixon, J.P. Coun. P. H. Edwards.

HEALTH DEPARTMENT STAFF.

Medical Officer of Health and Principal School Medical Officer :
W. S. Walton, G.M., M.D., B.Hy., D.P.H.

Deputy Medical Officer of Health :
G. Hamilton Whalley, M.B., B.S., B.Hy., D.P.H.

Chief Clerk :
J. R. Gilhespy.

Deputy Chief Clerk :
D. H. Macpherson, Cert. R.S.I.

17 Clerks and Typists.

Public Relations Officer :
F. F. Pellatt, D.P.A., Cert. R.S.I.

Chief Sanitary Inspector :
W. Gray, F.R.S.I., F.S.I.A.

Deputy Chief Sanitary Inspector :
W. Combey, D.P.A., M.R.S.I., M.S.I.A. (resigned 28th Feb., 1950).
L. Mair, M.S.I.A., M.R.S.I. (commenced 1st May, 1950).
22 Sanitary Inspectors, 3 Assistant Inspectors, 7 Clerks and Typists.

Veterinary Officer and Inspector of Provisions :
H. Thornton, M.R.C.V.S., B.V.Sc., D.V.H.
5 Inspectors, 8 Rodent Operators and 2 Clerks. (Senior Clerk holds R.S.I. Certs.)

MATERNITY AND CHILD WELFARE.

Child Welfare Medical Officer :
Shirley M. Livingston, M.B., B.S.
22 Clinic Medical Officers (*Part-time*).

Chief Nursing Officer :
Georgina B. Cameron, M.B.E. (retired 31st Oct., 1950).
Elsie Stephenson (commenced 1st Nov., 1950).
Deputy Chief Health Visitor, 51 Health Visitors, 1 Orthopædic Nurse, 13 Clerks, 1 District Nurses' Supervisor, 29 District Nurses (including 2 male nurses).

Non-Medical Supervisor of Midwives :

Esther M. Walker.

Asst. Non-Medical Supervisor, 50 Municipal Midwives, 3 Clerks

Domestic Help :

1 Organiser, 1 Assistant Organiser, 2 Clerks, 141 Home Helps.

Day Nurseries :

Superintendent Matron, Superintendent Warden, 2 Clerks.
8 Day Nurseries with Matrons, Assistant Matrons, Wardens, Nurses and Domestic Staff.

Vaccination and Immunisation :

Medical Officer :

H. J. Hutchens, D.S.O., M.R.C.S., L.R.C.P., D.P.H. (Died 16th May, 1950).
3 Nurses, 1 Clerk.

Care and After-Care :

3 Almoners, 3 Clerks.

Special Skin Clinic :

4 Attendants.

AMBULANCE SERVICE.

Ambulance Officer : H. M. Roberts.

Assistant Ambulance Officer, 10 Clerks, 88 Driver-Attendants, 3 Female Attendants, 5 Foremen, 8 Charge Hands.

MENTAL HEALTH SERVICE.

Director : (*Part-time*) J. P. Child, M.A.,B.M.,M.R.C.P.,M.R.C.S.,D.P.M.

1 Part-time Medical Officer, 4 Duly Authorised Officers and 2 Mental Health Visitors.

Chest Clinic.

Chest Physician (Part-time): C. Verity, M.D., L.R.C.P., M.R.C.S., D.P.H., M.A., B.Sc.

1 Part-time Clinic Medical Officer.

School Medical Service.

Senior School Medical Officer: R. F. Lunn, L.R.C.P., L.R.C.S. (Ed.), D.P.H.

Senior Dental Officer: J. C. Brown, L.R.C.P., L.R.C.S. (Ed.), L.D.S., R.C.S. (Ed.).

6 Asst. Medical Officers, 7 Asst. Dental Officers,

5 Physiotherapists, 23 Nurses, 8 Nursing Helpers, 18 Clerks and Clinic Attendants.

To the Lord Mayor, Aldermen and Councillors of the Newcastle upon Tyne City Council.

My Lord Mayor, Ladies and Gentlemen,

I have pleasure in presenting the 78th Annual Report of the Medical Officer of Health. The Report has been prepared on the lines indicated to the Council by the Ministry of Health in Circular 112/50.

The marriage rate of 17·97 was the lowest ever recorded in the City. The birth rate of 17·14 showed a further decline from the high rates obtaining in 1946-1947. This is in keeping with the experience of the country generally, and will have its effect on the future distribution of age grouping within the City's population. The corrected death rate was 14·51 per 1,000 of the population, being higher than that of last year and higher than that of England and Wales generally. The infantile mortality rate was returned at 33·65, compared with that of 39·6 during 1949. This figure shows a further reduction from that of previous years and is the lowest ever recorded for the City. The corresponding rate for England and Wales for 1950 was 29·8. The Newcastle infantile mortality rate of 33·65 is calculated from the fact that in Newcastle 170 children failed to reach the age of one year in 1950. There is still room for investigation and improvement.

The challenge of Tuberculosis and its ravages amongst the population is still of very serious import in our City. The Newcastle mortality rate for Pulmonary Tuberculosis was 0·62 (0·70 all forms) per 1,000 of the population, and this compares very unfavourably with the corresponding figure of 0·36 (all forms) per 1,000 for the whole of England and Wales. Other urban parts of the Tyneside area and of the north-east show high incidence and mortality, and some of the urban areas of Clydeside have a similar problem. There were 183 deaths from Pulmonary Tuberculosis in the City during the year, which was a reduction on the figure for the previous year (222), and the number of new cases notified was 532 as against 516 during 1949. During the later months of the year it became apparent that a slight improvement was taking place in that the high rate of notification receded somewhat and there were fewer deaths from

Tuberculosis.* The Health Committee has reviewed the position from time to time, and is working in close co-operation with the General Practitioners and the Regional Hospital Board and is further strengthening the preventive measures for the protection of young children. The division of the duties of the former Tuberculosis Medical Officer so that " officially " he spends part of his time with the Regional Hospital Board and part-time for preventive duties with the Local Health Authority, certainly merits reconsideration at national level. Regional Hospital Boards and Local Health Authorities will have to come much closer if the rather rigid division of the curative and the preventive services is not to be perpetuated so far as Tuberculosis is concerned.

Problems of insufficient and inefficient housing and overcrowding are essential material factors concerned in the spreading of Tuberculosis in the City, and also in the maintenance of the present high level of infection. The shortage of available sanatorium beds through lack of nursing staff, which limits the number of admissions and sometimes shortens the length of stay, is a further problem at the present moment. The mass x-ray unit carried out excellent work for the City during the year. Over 20,175 cases were examined and 451 cases of suspected Tuberculosis were discovered and referred for treatment.

The condition of much of the housing in the City is one which remains, as it has done for many years, an urgent and unsolved problem. It is realised, of course, that house building construction programme is a national problem in so far as the availability of materials is concerned. The number of overcrowded and unhealthy homes in the City provides a very serious entry on the debit side of the City's health balance sheet. Since the end of the war and up to the 31st December, 1950, just over 4,400 houses have been built. The Housing Committee still have a waiting list of some 14,000 applicants and are also faced with the difficulties of obtaining sites. The long waiting lists are indeed tragic and it is particularly depressing to applicants when they have to be informed that there can be little hope offered for many months or even years. The conditions under which many of the inhabitants of the City are compelled to exist are certainly not conducive to the maintenance of good health or of happy homes or of good family life. The General Practitioners of the City continue to tell us that a large proportion of their work is concerned with

* This improvement was maintained during the ensuing six months, January—June, 1951.

worries, ills and neurotic states existing in their patients, and many of these cases can be traced back to lack of proper housing facility. As was stated in this report last year, good housing is one of the primary features of a programme for good health, and just so long as large proportions of the population are left living in conditions not compatible with good health and maintenance of family happiness, just so long will the health of our City remain far short of what it should be. To those who have to continue to live in worn out houses, or in overcrowded houses, or in homes lagging far behind ordinary standards of health and hygiene, there must come a feeling of frustration and a feeling of strained impatience at the slow rate of domestic building. Future historians when recording the "social and health progress" made during the present decades will wonder how it came about that needs of housing while receiving extensive comment and publicity, were not met with comparative practical progress.

Increasing numbers of aged people in the population brings in its trend many problems. The Domestic Help and the Home Nursing Services have been extended considerably but still the problem of the care of aged sick continues to increase. The Welfare Committee has been able to improve arrangements for the care of aged persons but shortage of suitable hostels and houses has restricted progress they would have wished to make The Voluntary Agencies in the City have been interested in visiting and in providing meals for old people. Arrangements were made during the year for better co-ordination between the statutory Council and Government Authorities and the Voluntary Agencies.

As in 1949, the year 1950, passed without any major outbreaks of the usual infectious diseases. There was an outbreak of Poliomyelitis similar in some respects to that which occurred in 1947. 100 cases were reported and there were five deaths. A further comment and a graph will be found on page 98. There were many cases of Measles and Chicken-pox and also Whooping Cough, and in addition there were 412 cases of Pneumonia.

The Child Welfare Services were extended and the Health Visiting Service was strengthened. The training scheme for Health Visitors had good results and a number of successful trainees was taken on to the permanent staff after qualification. The work of the Health Visitor generally has been extended to cover the family from infancy to old age, and with the assistance of the other specialist departments

a very full cover is now available to families requiring help and advice. The Health Visitor remains as the adviser to the family throughout life and calls in other specialist nursing and almoning social services when necessary. The Almoner's report shows to what extent the convalescent and after-care services under her department have grown and are used nowadays.

It will be noted that the Ambulance Service has carried 101,231 patients and covered 830,701 miles. The Committee's past policy of development now enables the service to meet demands under most conditions likely to arise.

A short synopsis of the work carried out by the School Health Service is given in this report and gratitude is expressed to the Education Committee and the Director of Education for help in the development of the School Health Service. With extensive refitting of clinics and provision of a new central clinic and also strengthening of staffs, the School Health Service is now very efficient and able to meet all demands placed upon it. The provision of reports from hospitals and arrangements made for closer co-operation with the General Practitioners have also added very considerably to the efficiency of the Service.

Your attention is drawn to the report from Dr. F. J. W. Miller (of the Child Health Department of the University) on the use of the Welfare Centres in the City. The enquiry into Acute Infections in Infancy still proceeds and Dr. Miller's report is extracted from part of the findings of this enquiry. The Health Committee are at present considering variation in the use of the Welfare Centres in order that they may adapt these to present needs of the population and the experience gained from the enquiry will be of great help in laying down a future policy. The value of these findings and the value of the clinical help given to the City by the University has assisted in the maintenance of a smooth running Child Welfare Department which is able to use in its administration the very high standard of pædiatric care freely offered by the University to the Health Department.

Further research and enquiry has been carried out in Childhood Tuberculosis and these schemes will be reported next year. The work carried out in connection with premature babies seems to have gained national recognition for the City and the University Services. Many visitors came from abroad during the year to inspect these special services which are provided in Newcastle.

The National Health Service has now been in operation for 2½ years. So far as the City is concerned, the Council's branches of the service are working and developing very well indeed. Further steps were taken during the year to obviate the hard and fast division of the National Health Service Act into hospital, medical and allied services and the Local Health Authority Services. As was pointed out last year, these divisions cannot always be bridged by cross representation at Committee level but it is true to say that in Newcastle City the various divisions as set out under the National Health Service Act are blending together. Many of the initial difficulties are being ironed out and under the Act a greater cover is given to the citizens. Criticisms have been advanced that some Local Authorities have been confused by the recent legislative changes and that they are as yet unaware of the vast potential of the new legal responsibilities. This criticism is not generally true in the case of Newcastle. Some difficulties have been encountered in the Maternity and Tuberculosis Services and are referred to in this report. On the other hand, many of the other Health Services have been improved under the National Health Service Act and it should also be remembered that developments are taking place under the numerous Health Acts, other than the 1946 Act. The City Health Committee is well aware of the opportunities presented for further advance in their task of maintaining the health of the community. They are also aware of their responsibilities in connection with prevention of disease and the need for searching continually for new approaches. Perhaps when the hospital and specialist services which have received a rather major share of thought and money nationally, have reached a further stage in their sound development, yet more attention will be available for the general practitioner and domiciliary services.

An excellent relationship has been established between the Local Executive Council and the Local Health Authority. Both serve the same area and the same people, the people of Newcastle, and their agreed general arrangements under the National Health Service Act have considerably developed the domiciliary medical and nursing services of the City. For this happy and efficient state of affairs, tribute is due to Mr. A. Morris, the Clerk of the Newcastle upon Tyne Executive Council, and to Dr. H. F. Wattsford (Chairman) and members of the Local Medical Committee.

During 1950, 44,589 new sickness insurance claims were received from the area by the Ministry of National Insurance, a weekly average

of 857 claims, the range being from 474 to 2,190 per week, the latter total occurring in the 52nd week and during the outbreak of Influenza.

Miss G. B. Cameron, M.B.E., the Superintendent Nursing Officer, retired in October, 1950, after having given 34 years of excellent service to the Health Committee and to the people of Newcastle upon Tyne. Miss Cameron's successful administration of the nursing services was due to her enthusiasm for and her skilled knowledge in the work and above all to her approachability. The City is indeed grateful to her for her leadership during the many years she served the people so well.

I would like to express, on behalf of the Health Department staffs, our appreciation for the help and interest of the members of the Health Committee throughout the year. Grateful thanks and acknowledgment of excellent service are due to members of the administrative, clerical, technical, nursing and medical staffs.

I am,

My Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

W. S. WALTON,

Medical Officer of Health.

Health Department,
Town Hall,
Newcastle upon Tyne, 1.
9th November, 1951.

CITY AND COUNTY OF NEWCASTLE UPON TYNE

I—GENERAL

MORTALITY TABLES,
SOCIAL CONDITIONS, CLIMATOLOGY, ETC.

SUMMARY OF STATISTICS, 1950.

Population		294,800.	
Area		11,401 acres.	
Birth Rate	Crude	17·14	per 1,000 population.
	Corrected	16·63	,, ,,
Death Rate	Crude	13·31	,, ,,
	Corrected	14·51	,, ,,
Infant Mortality Rate		33·65	per 1,000 live births.
Neo-Natal Mortality Rate		20·39	,, ,,
Maternal Mortality Rate		1·34	per 1,000 live and still births.
Tuberculosis Death Rate :—			
All forms		0·70	per 1,000 population
Pulmonary		0·62	,, ,,
Non-pulmonary		0·08	,, ,,
Infectious Diseases Death Rate		0·07	,, ,,
Marriage Rate		17·97	,, ,,
Inhabited Houses		84,174.	
Rateable Value		£2,808,182.	
Product of 1d. rate		£11,461 1s 8d.	

GENERAL STATISTICS.

POPULATION.—The mid-year population, as estimated by the Registrar General, was 294,800. As this figure includes non-civilians it represents a decrease of 440 on the 1949 population.

BIRTHS.—There were 5,051 live births recorded, representing a crude birth rate of 17·14 per 1,000 population, as compared with a rate of 18·27 for the year 1949. The City birth rate is higher than that for England and Wales—15·8, but is slightly lower than the rate for the 126 large towns, viz., 17·6 per 1,000 population.

In addition to the above, there were 150 still-births, representing a still-birth rate of 28·84 per 1,000 live and still births.

	Live Births.			Still Births.		
Sex.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.
Male ..	2,471	115	2,586	72	3	75
Female	2,350	115	2,465	72	3	75
Totals .	4,821	230	5,051	144	6	150

DEATHS.—The net deaths amounted to 3,925, equivalent to a crude rate of 13·31 per 1,000 population. This is an increase of 0·55 over the rate for 1949. The death rate for England and Wales in 1950 was 11·6 whilst the rate for the 126 large towns was 12·3.

INFANTILE MORTALITY.—170 infants died before completing the first year of life, representing a rate of 33·65 deaths per 1,000 live births, compared with the England and Wales figure of 29·8, and 33·8 for the 126 great towns.

Of the 170 infant deaths, 103 occurred before attaining the age of one month, making a neo-natal mortality rate of 20·39 per 1,000 live births. Once again prematurity accounted for the greatest number of deaths in this group.

MATERNAL MORTALITY.—7 maternal deaths occurred during the year, producing a mortality rate of 1·34 per 1,000 live and still births, a slight decrease from the figure for 1949, viz., 1·46. The England and Wales maternal mortality rate for 1950 was 0·86.

TUBERCULOSIS.—208 persons died from various forms of tuberculosis during the year, 183 being from pulmonary and 25 from non-pulmonary tuberculosis. The equivalent death rates are as follows : All forms 0·70, Pulmonary 0·62, and Non-pulmonary 0·08 per 1,000 population.

These rates, whilst lower than last year, are still much higher than the England and Wales figure of 0·36 per 1,000 population for all forms of tuberculosis, and they are also higher than the rate for the 126 large towns, viz., 0·42.

INFECTIOUS DISEASES.—This group now forms only a very small proportion of the total deaths in the City. There were only 22 deaths during the year (excluding diarrhœa, pneumonia and tuberculosis), representing a rate of 0·07 per 1,000 population, as compared with 0·05 for 1949.

MARRIAGES.—2,648 marriages took place during the year, representing a marriage rate of 17·97 per 1,000 population. For comparison purposes, the rates for the past 10 years are set out below :—

Year.	Population.	No. of Marriages	Marriage Rate.
1950	294,800	2;648	17·97
1949	294,540	2,807	19·06
1948	293,600	2,880	19·6
1947	290,470	2,771	19·1
1946	283,740	2,832	19·9
1945	265,990	2,935	22·1
1944	262,920	2,479	18·8
1943	254,890	2,367	18·6
1942	254,100	2,768	21·8
1941	254,960	2,817	22·1

ACCIDENTS.—The Chief Constable reports an increase in the number of street accidents which took place during the year, viz. :— 1,411 as against 1,205 in 1949, but it is some consolation to note that there was a decrease in the number of children under the age of 15 years who were injured, as shown in the following table :—

	Under 5 years.		5-10 years.		11-15 years.		Total.	
	1949	1950	1949	1950	1949	1950	1949	1950
Killed	2	2	1	1	—	1	3	4
Injured	55	52	103	85	41	31	199	168

NURSING HOMES.—There are 7 Nursing Homes registered in the City, with a total bed accommodation of 124. 30 of these beds are for maternity cases. All homes were inspected during the year.

CREMATION.—The following table shows the steadily increasing number of cases cremated at Newcastle since the Crematorium on the West Road opened in October, 1934.

Yr.	Newcastle Residents.		Non-N/c. Residents Cremated.	Total. Cremations.	% annual increase in Cremations.	% of N/c. to non-N'castle Cremations.	% of N/c. to total Cremations.
	Nett Deaths.	Cremations.					
1934	* 3,646	11	15	26	..	73·33	42·30
1935	3,672	84	104	188	44·61 †	80·76	44·09
1936	3,878	109	161	270	43·61	67·70	40·37
1937	3,864	142	235	377	39·62	60·42	37·66
1938	3,621	206	279	485	28·64	73·83	42·67
1939	3,661	261	376	637	31·34	69·41	40·98
1940	3,733	304	412	716	12·40	73·48	42·45
1941	3,951	340	583	923	28·91	58·31	37·92
1942	3,480	354	643	997	8·01	55·05	35·50
1943	3,709	403	784	1,187	19·05	51·40	33·95
1944	3,508	512	1,027	1,539	29·64	49·85	33·26
1945	3,435	566	1,152	1,718	11·69	49·13	32·95
1946	3,515	645	1,414	2,059	19·84	45·61	31·32
1947	3,747	830	1,747	2,577	25·15	48·09	32·20
1948	3,475	824	1,973	2,797	8·53	42·26	29·46
1949	3,757	970	2,446	3,416	22·13	39·65	28·39
1950	3,925	1,136	2,951	4,087	19·64	38.49	27·79

*Part year. †Estimated.

Whilst the percentage of city residents cremated to nett deaths has risen steadily from 2.3% in 1935 to 28.9% in 1950, the numbers of non-Newcastle cremations have increasingly preponderated, being in 1950 $2\frac{1}{2}$ times more numerous than cremations for city cases. Total cremations in this 16 year period have increased 28 times compared with a twelvefold increase for city residents.

The 4,087 cremations done in the city in 1950 showed an increase of 19.64% over the 1949 total compared with the 22.13% increase for 1949. The non-city cremations and total cremations continue to show a progressive rate of increase over each preceding year compared with which the annual figures for city residents cremated have shown a moderately steady increase except for a lesser increase in 1948 although the percentage annual increase in total cremations has fluctuated considerably.

Throughout the country the percentage of cremations to burials continues to increase, and in the decade 1941-1950, has risen by 11.28% to 15.59%, the corresponding city figures showing a percentage rise of 20.3% to 28.9% or almost twice the national figure. The percentage of cremations in the United Kingdom is, from available data, second to the figure of 19.5% for Denmark and is closely followed by those for Sweden and Norway.

Newcastle mainly serves an area of about 30 miles radius, is the second largest municipal cremating centre, and the third largest cremating centre in the Kingdom, as shown in the following table :—

Largest Cremating Centres.	Cremations Conducted.			Percentage increase.	
	1950	1949	1948	1950-49	1949-48
Golders Green ...	6,210	6,072	5,430	2.2	11.8
Manchester	4,615	4,327	3,733	6.24	15.9
Newcastle	4,087	3,416	2,797	11.6	22.13
Leeds (Lawnswood)	3,933	3,477	2,826	11.5	23.0
Edinburgh	2,867	2,567	2,550	10.46	0.7

The city crematorium is approaching full capacity operation, due to the increasing preference for this means of disposal of the dead, and to the restrictions still operative in respect of adding to and building new crematoria. This preference is satisfactory in view of hygienic and other advantages and the negligible claim made on city acreage so much required for housing and other purposes.

50 post mortem examinations were required by the Medical Referee, compared with 39 in 1949, and again were mainly required because of the time elapsing between death and the deceased person being last seen by a doctor. Post mortem findings were conveyed to the doctors concerned in all cases. Only two post mortem examinations required further investigation. There was no occasion to refuse a cremation or for reference to be made to the Home Office.

Monthly cremation totals were as follows, showing (as in 1949) a Spring and Summer fall, with fewest cases in September, but with most in December :—

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1950 —	362	413	371	297	301	280	277	309	279	296	366	537
1949 —	327	286	357	278	261	252	243	240	223	279	319	351

NATURAL AND SOCIAL CONDITIONS.

GEOLOGY.—The geological formation of the area consists of heavy clay on the top of hard sandstone, which overlies coal seams.

CLIMATOLOGY—The weather during 1950 was consistently bad, and very little real " summer " weather was experienced. There was

less sunshine, more rain, and mean maximum and minimum temperatures were lower than in 1949. The following table summarises the recordings taken at Leazes Park, King's College and Cockle Park (Morpeth).

METEOROLOGICAL RECORDS, 1950.

Month.	Sunshine Hours.		Leazes Park.		
				Temperature.	
	King's College.	Cockle Park.	Rainfall. (inches.)	Mean Max.	Mean Min.
				°F	°F
January	7·6	29·9	1·45	44·7	36·0
February ...	64·3	92·6	3·58	46·0	34·1
March	106·9	140·6	0·53	54·2	36·2
April	101·4	123·9	1·93	53·8	37·3
May	114·5	133·3	1·81	58·2	43·5
June	215:6	215·8	1·35	74·3	51·0
July	173·7	172·4	3·48	73·5	52·0
August	131·3	140·8	5·34	72·8	51·5
September ..	87·0	124·1	3·08	67·0	46·5
October	65·9	98·4	0·89	59·6	41·6
November...	35·4	70·7	3·75	49·1	34·4
December ..	13·8	49·8	2·02	39·2	29·0
Total	1,117·4	1,392·3	29·21		
Average ..	93·1	116·0	2·43	57·7	41·1

The mean maximum and minimum temperatures were 57·7° F. and 41·1° F. respectively.

The rainfall for the year was 29·21 inches—considerably more than last year (17·62 inches).

The following table shows the frequency of the directions of the wind :—

W.	on	2 days.
N.W.	on	165 days.
N.E.	on	34 days.
E.	on	0 days.
S.E.	on	61 days.
S.W.	on	102 days.
S.	on	1 day.

WATER SUPPLY.—Details relating to the City's water supply are shown in the Chief Sanitary Inspector's section of this report (see page 148).

SEWERAGE.—There are 436·13 miles of sewers in the City, discharging directly into the Tyne, which is tidal, at various points along the 8½ miles of river frontage.

CLEANSING AND SCAVENGING.—A weekly collection of refuse is made from the whole of the domestic premises, and twice weekly from certain business premises.

SOCIAL CONDITIONS.—The principal trades and occupations are of a healthy nature, and include extensive heavy and light engineering and ancillary industries; shipbuilding and repair, etc., with related seafaring and harbour work; machine making; coal mining; food and tobacco factories; brewing, hotels, etc. The City is a large commercial and business centre.

The number of registered male and female unemployed at the beginning and end of the year is shown in the following table supplied by the Ministry of Labour and National Service.

Date.	Males (aged 15-64).	Females (aged 15-59).	Total.
16th January, 1950	5,041	1,448	6,489
11th December, 1950	3,804	1,364	5,168

Note :—Persons classified as not suitable for ordinary employment are excluded.

INHABITED HOUSES.—There are 84,174 inhabited houses, which, on the estimated population, shows an average of 3·50 persons per dwelling.

RATEABLE VALUE.—A penny rate produced £11,461 1s. 8d., the gross rateable value being £2,808,182, as against £2,789,355 in 1949.

Vital Statistics of Whole City during 1950, and previous years.

Year.	Population estimated to Middle of each Year.	Live Births.			Total Deaths Registered in the City.		Transferable Deaths.		Net Deaths belonging to the City.			
		Uncorrected Number	Net.		Number	Rate.	of Non-residents registered in the City	of Residents not registered in the City	Under 1 Year of Age.		At all Ages.	
			Number	Rate.					Number	Rate per 1,000 Nett Births.	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1915	278,107	7,575	7,545	27.8	5,257	18.9	693	207	1,007	133	4,771	17.2
1916	278,107	7,332	7,248	26.2	4,875	17.5	680	232	899	123	4,427	15.9
1917	278,107	6,548	6,495	23.4	4,646	16.7	718	246	732	113	4,174	15.0
1918	278,107	6,555	6,468	23.3	5,380	19.3	872	308	692	107	4,816	17.3
1919	275,099	6,793	6,674	23.3	5,358	19.5	737	234	806	120	4,855	17.6
1920	286,061	8,433	8,070	28.0	4,609	16.1	779	195	817	101	4,025	14.0
1921	278,400	7,720	7,284	26.2	4,602	16.5	817	142	699	96	3,927	14.1
1922	281,600	7,432	6,987	24.8	4,698	16.7	831	145	646	92	4,012	14.2
1923	283,800	6,961	6,367	22.4	4,298	15.1	789	150	623	98	3,659	12.9
1924	285,900	7,029	6,335	22.2	4,607	16.1	929	172	632	100	3,850	13.5
1925	286,300	7,031	6,215	21.6	4,732	16.5	989	165	550	88	3,908	13.6
1926	284,700	6,728	6,007	21.0	4,460	15.7	979	161	530	88	3,642	12.8
1927	288,500	6,215	5,395	18.7	4,468	15.5	1,058	178	474	88	3,588	12.4
1928	281,500	6,360	5.429	19.2*	4,683	16.6	1,178	179	447	82	3,684	13.1
1929	283,400	6,120	5,126	18.1	5,040	17.8	1,313	172	438	85	3,899	13.8
1930	283,400	6,190	5,223	18.4	4,665	16.5	1,232	133	384	74	3,566	12.6
1931	283,600	6,058	5,056	17.8	4,911	17.3	1,251	145	467	92	3,805	13.4
1932	285,100	6,006	4,883	17.1	4,579	16.0	1,174	134	370	76	3,539	12.4
1933	286,500	5,770	4,712	16.4	4,695	16.4	1,182	127	359	76	3,640	12.7
1934	287,050	5,848	4,695	16.4	4,823	16.8	1,322	145	389	83	3,646	12.7
1935	292,700†	5,895	4,666	16.0	5,040	17.3	1,489	121	400	86	3,672	12.6
1936	290,400	5,709	4,537	15.6	5,148	17.4	1,421	151	408	90	3,878	13.1
1937	290,400	5,996	4,796	16.5	5,107	17.6	1,403	160	435	91	3,864	13.3
1938	291,300	6,101	4,678	16.1	4,866	16.7	1,413	168	307	66	3,621	12.4
1939	293,400	5,855	4,646	15.8	4,804	17.0	1,328	185	289	62	3,661	12.9‡
1940	255,900	5,501	4,519	17.6	4,727	18.5	1,181	187	284	64	3,733	14.6
1941	254,960	4,599	4,176	16.4	4,905	19.2	1,208	254	315	76	3,951	15.5
1942	254,100	4,686	4,289	16.9	4,398	17.3	1,140	222	255	59	3,480	13.7
1943	254,890	5,162	4,548	17.8	4,759	18.7	1,235	185	291	64	3,709	14.6
1944	262,920	6,799	5,359	20.4	4,585	17.4	1,298	221	270	50	3,508	13.3
1945	265,990	5,950	4,836	18.2	4,469	17.7	1,234	200	192	40	3,435	13.0
1946	283,740	8,219	6,079	21.4	4,569	16.1	1,242	188	249	41	3,515	12.4
1947	290,470	8,512	6,449	22.2	4,726	16.3	1,190	211	286	44	3,747	12.9
1948	293,600	7,414	5,705	19·4	4,504	15·3	1,215	186	217	38	3,475	11·8
1949	294,540	6,916	5,377	18.3	4,740	16.1	1,215	232	213	39	3,757	12.7
1950	294,800	6,473	5,051	17.1	4,720	16.0	1,110	315	170	34	3,925	13.3

* Calculated on a population of 282,200. Civilians only.

† Rates calculated on a population of 291,025.

‡ Death-rate calculated on a population of 283,200.

TABLE SHOWING POPULATION, BIRTH-RATES, DEATH-RATES, ZYMOTIC DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES OF THE 20 LARGE TOWNS OF ENGLAND AND WALES FOR 1950.

	Birmingham.	Bradford.	Bristol.	Cardiff.	Coventry.	Croydon.	Kingston upon Hull.	Leeds.	Leicester.	Liverpool.	Manchester.	**Newcastle upon Tyne.**	Nottingham.	Plymouth.	Portsmouth.	Salford.	Sheffield.	Southampton.	Stoke-on-Trent.	Sunderland.
R.G.'s Estimated Population for 1950:—																				
(*a*) civil	1,117,900	294,300	..	244,600	256,800	251,600	..	509,400	..	..	..	..	..	..	..	177,700	515,000	..	275,800	178,100
(*b*) total	..	294,300	442,600	244,600	256,800	251,600	302,100	509,700	287,520	802,300	704,500	**294,800**	307,000	208,960	240,020	177.700	..	180,800	275,800	178,100
Comparability Factor:—																				
(*a*) births	0·97	1·02	1·00	0·97	0·95	0·97	1·01	0·97	0·99	0·97	0·96	**0·97**	0·98	0·98	0·97	0·96	1·00	1·00	0·97	1·02
(*b*) deaths	1·13	0·98	0·98	1·07	1·27	0·94	1·15	1·08	1·02	1·20	1·12	**1·09**	1·09	1·07	1·05	1·15	1·08	1·03	1·22	1·14
Birth Rate per 1,000 Population	16·8	16·7	16·03	17·48	17·3	14·3	19·3	15·9	16·73	20·1	17·65	**16·63**	17·4	16·91	15·22	18·9	14·3	17·83	17·0	19·3
Crude Death Rate per 1,000 Population	10·9	14·2	11·48	11·59	9·4	10·8	11·5	12·3	11·53	11·6	12·77	**13·31**	11·1	11·72	10·92	12·9	11·4	11·38	11·4	12·6
Death Rate as Adjusted by Factor.	12·3	13·9	11·25	12·40	11·9	10·1	13·2	13·3	11·73	13·9	14·30	**14·51**	12·01	12·54	11·47	14·8	12·3	11·72	13·9	14·36
Death Rates per 1,000 Population from:—																				
Typhoid and Paratyphoid Fever	..	0·00	..	..	0·00	..	0·00	..	..	..	0·001	**0·000**	..	..	0·00	..	..	..	0·00	0·00
Meningococcal Infection	0·01	0·01	..	0·004	0·00	..	0·00	0·004	0·0034	0·015	0·007	**0·014**	0·003	0·01	0·01	0·011	0·002	0·011	0·022	0·00
Scarlet Fever	0·09	0·00	..	..	0·00	0·004	0·01	..	..	..	..	**0·000**	..	..	..	..	..	..	0·00	0·00
Whooping Cough	0·02	0·03	0·005	0·004	0·004	0·004	0·02	0·01	0·0104	0·025	0·03	**0·024**	0·02	0·01	0·01	0·017	0·016	0·011	0·00	0·006
Diphtheria	0·00	0·00	..	..	0·00	..	..	0·002	..	0·002	0·004	**0·000**	..	..	..	..	..	..	0·00	0·006
Influenza	0·07	0·08	0·106	0·089	0·12	0·064	0·04	0·04	0·014	0·066	0·09	**0·149**	0·07	0·05	0·05	0·129	0·045	0·055	0·098	0·12
Measles	0·01	0·01	0·007	0·008	0·008	0·008	0·00	0·004	0·0104	0·005	0·01	**0·003**	0·01	..	..	0·006	0·004	0·011	0·025	0·01
Acute Poliomyelitis and Encephalitis	0·05	0·02	0·068	0·008	0·011	0·020	0·01	0·02	0·014	0·007	0·007	**0·014**	0·003	0·01	0·01	..	0·010	0·005	0·018	0·034
Acute Infectious Encephalitis	0·00	0·01	0·007	..	0·00	..	..	..	0·0034	..	0·004	**0·010**	..	0·005	0·00	0·034	0·006	..	0·007	0·00
Smallpox	..	0·00	..	..	0·00	..	..	..	..	..	..	**0·000**	..	..	..	..	..	..	0·00	0·00
Diarrhœa (under 2 years)	0·04	0·07	0·0045 0·28*	0·028 1·59*	0·031	0·032	1·7	0·03 1·60†	0·0208	0·052	0·05	**0·030**	2·6	0·01	0·04	0·118	0·027	0·011	0·033	0·079
Tuberculosis—																				
(*a*) Pulmonary	0·43	0·31	0·411	0·457	0·47	0·237	0·43	0·35	0·43	0·599	0·58	**0·621**	0·46	0·52	0·36	0·4	0·313	0·354	0·508	0·505
(*b*) Other forms	0·03	0·06	0·043	0·028	0·06	0·028	0·06	0·03	0·027	0·080	0·07	**0·085**	0·03	0·07	0·04	0·07	0·054	0·083	0·033	0·067
Cancer (all forms)	1·88	2·25	1·979	1·92	1·60	1·993	1·82	2·08	1·95	1·939	1·99	**2·185**	1·94	1·82	1·95	2·3	1·930	2·097	2·059	1·858
Infantile Mortality Rate	30·2	38·0	23·25	27·0	32·6	26·0	34·3	31·0	29·5	37·3	37·87	**33·65**	31·0	29·43	29·84	43·0	27·8	29·48	43·0	45·0
Neonatal Mortality Rate	19·2	20·0	15·78	16·78	18·6	17·0	20·08	18·2	18·6	19·6	20·60	**20·39**	16·9	18·96	18·07	25·9	18·9	22·65	25·0	23·0
Stillbirth Rate	23·0	22·3	21·78	24·99	23·0	20·0	24·77	22·74	21·8	22·84	26·08	**28·84**	19·5	18·88	24·04	23·0	21·0	24·22	26·98	31·0
Maternal Mortality Rate (per 1,000 total births) from:—																				
(*a*) Sepsis	0·36	0·40	0·00	..	0·00	0·264	0·17	0·12	0·62	0·06	0·08	**0·38**	0·37	0·277	..	..	..	..	0·00	..
(*b*) Other causes	0·47	1·00	0·96	..	0·87	0·264	0·50	0·48	0·41	0·36	0·70	**0·96**	..	0·83	0·53	..	0·531	1·51	0·41	0·28
Total	0·83	1·40	0·96	0·66	0·87	0·528	0·67	0·60	1·03	0·42	0·78	**1·34**	0·37	1·107	0·53	..	0·531	1·51	0·41	0·28

* Per 1,000 live births. † Per 1,000 births.

CANCER DEATHS IN AGES (MALE AND FEMALE)—1950.

Site.			Under 1 year		1 year & under 2 years		2 years & under 5 years		5 years & under 15 years		15 years & under 25 years		25 years & under 45 years		45 years & under 65 years		Over 65 years		Total	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
141	Malignant neoplasm of tongue		..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	1	4	2
144	Do.	other parts of mouth and mouth unspecified	..	..	..	..	..	..	..	..	..	..	..	..	1	..	4	..	5	..
145	Do.	oral mesopharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
146	Do.	nasopharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
147	Do.	hypopharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
148	Do.	pharynx unspecified	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	3	..
150	Do.	œsophagus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
151	Do.	stomach	..	..	..	..	..	..	..	..	..	..	4	2	20	21	31	39	55	62
152	Do.	small intestine including duodenum	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	1	1
153	Do.	large intestine except rectum	..	..	..	..	..	..	..	..	..	..	1	2	8	11	25	30	34	43
154	Do.	rectum	..	..	..	..	..	..	..	..	..	..	1	1	7	9	16	9	24	19
155	Do.	biliary passages and of liver (stated to be primary site)	..	..	..	..	..	..	..	..	..	..	..	1	1	..	3	1	4	2
156	Do.	liver (secondary and unspecified)	..	..	..	..	..	..	..	..	..	..	..	..	5	1	3	1	8	2
157	Do.	pancreas	..	..	..	..	..	..	..	..	..	..	1	..	7	8	7	6	15	14
158	Do.	peritoneum	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1	1
160	Do.	nose, nasal cavities, middle ear and accessary sinuses	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
161	Do.	larynx	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	1	4	1
162	Do.	trachea & of bronchus & lung specified as primary	..	..	..	..	..	..	..	..	..	..	2	..	26	8	18	3	46	11
163	Do.	lung and bronchus unspecified as to whether primary or secondary	..	..	..	..	..	..	..	..	..	..	1	..	29	2	16	4	46	6
164	Do.	mediastinum	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
170	Do.	breast	..	..	..	..	..	..	..	..	..	..	..	7	..	20	1	22	1	49
171	Do.	cervix uteri	..	..	..	..	..	..	..	..	..	..	..	5	..	15	..	6	..	26
172	Do.	corpus uteri	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2
174	Do.	uterus, unspecified	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	3	..	5
175	Do.	ovary, Fallopian tube and broad ligament	..	..	..	..	..	..	..	..	..	..	..	1	..	8	..	5	..	14
176	Do.	other and unspecified female genital organs	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3
177	Do.	prostate	..	..	..	..	..	..	..	..	..	..	..	..	2	..	23	..	25	..
179	Do.	other and unspecified male genital organs	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..
180	Do.	kidney	..	..	..	..	..	..	..	..	..	..	1	..	2	..	4	1	7	1
181	Do.	bladder and other urinary organs	..	..	..	..	..	..	..	..	..	..	1	..	4	1	3	6	8	7
190	Malignant melanoma of skin		..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
191	Malignant neoplasm of skin		..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	1	3	2
192	Do.	eye	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
193	Do.	brain and other parts of nervous system	..	..	..	..	..	1	..	..	..	..	3	..	3	1	2	..	8	2
194	Do.	thyroid gland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
195	Do.	other endocrine glands	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
196	Do.	bone including jaw bone	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	2	2
198	Secondary and unspecified malignant neoplasm of lymphnodes		..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
199	Malignant neoplasm of other and unspecified sites		..	..	..	..	..	..	..	..	2	..	..	..	4	6	1	6	7	12
200	Lymphosarcoma and reticulosarcoma		..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	1	3	1
201	Hodgkins disease		..	..	..	..	..	..	..	..	..	1	2	..	1	..	..	1	3	2
202	Other forms of lymphoma (reticulosis)		..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
204	Leukæmia and aleukæmia		..	1	..	..	..	..	..	..	..	1	1	..	2	1	2	2	5	5
Average Ages—Males 63 Females 64		Totals	..	1	..	..	..	2	1	1	2	2	18	20	136	120	186	165	343	311
		Combined Totals	1		..		2		2		4		38		256		351		654	

CANCER DEATHS AND DEATH RATES FROM 1933

AND DEATHS FROM CANCER OF RESPIRATORY ORGANS SHOWING AGE AND SEX DISTRIBUTION.

	Total Number of Cancer Deaths	Death Rate per 1,000 Population	RESPIRATORY ORGANS ONLY									
			Males.				Total	Females.				Total
			Under 25	25-45	45-65	Over 65		Under 25	25-45	45-65	Over 65	
933	404	1·41	..	3	8	5	16	..	..	5	1	6
934	442	1·54	1	2	16	8	27	..	2	3	3	8
935	433	1·49	..	1	13	7	21	..	1	6	2	9
936	413	1·39	..	4	10	5	19	..	..	5	3	8
937	389	1·34	1	4	15	4	24	..	..	3	..	3
938	444	1·52	..	7	20	10	37	1	..	7	2	10
939	457	1·61	..	4	20	9	33	..	1	2	5	8
940	474	1·85	..	5	37	6	48	..	1	6	4	11
941	510	2.00	..	4	24	6	34	..	..	2	4	6
942	510	2·01	..	5	33	12	50	1	2	7	6	16
943	533	2·09	..	4	43	11	58	..	3	7	7	17
944	519	1·97	..	3	30	19	52	..	1	4	4	9
945	510	1·92	1	2	30	13	46	..	2	15	6	23
946	538	1·90	1	5	37	19	62	..	..	12	5	17
947	514	1·77	..	4	43	21	68	..	..	10	9	19
948	590	2·01	..	7	56	22	85	..	1	7	9	17
949	558	1·89	..	6	44	21	71	..	..	9	13	22
950	644	2·18	..	3	55	34	92	..	..	10	7	17

Note the general increase amongst males, more particularly in the age group 45-65.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFEFOR 1950.

(Registrar General's Return).

Causes of Death.	Sex	All Ages.	0–	1–	5–	15–	25–	45–	65–	75–
1—Tuberculosis, respiratory	M.	99	1	..	..	5	38	40	14	1
	F.	84	..	..	1	25	37	18	1	2
2—Tuberculosis, other	M.	11	..	2	1	2	3	2	1	..
	F.	14	1	3	4	1	1	2	2	..
3—Syphilitic disease	M.	16	..	..	..	..	..	11	5	..
	F.	4	1	..	..	..	..	2	1	..
4—Diphtheria	M.	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
5—Whooping cough	M.	3	2	1	..	..	..	..	..	..
	F.	4	4	..	..	..	..	..	..	..
6—Meningococcal infections	M.	2	2	..	..	..	..	..	..	..
	F.	2	..	2	..	..	..	..	..	..
7—Acute poliomyelitis	M.	1	..	..	1	..	..	..	..	..
	F.	3	..	2	1	..	..	..	..	..
8—Measles	M.	1	1	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..
9—Other infective and parasitic diseases	M.	9	1	..	..	1	4	2	1	..
	F.	8	..	1	..	..	2	2	1	2
10—Malignant neoplasm, stomach	M.	55	..	..	..	..	4	20	19	12
	F.	62	..	..	..	..	2	21	21	18
11—Malignant neoplasm, lung, bronchus	M.	92	..	..	..	..	3	55	30	4
	F.	17	..	..	..	..	..	10	6	1
12—Malignant neoplasm, breast	M.	1	..	..	..	..	..	..	1	..
	F.	49	..	..	..	..	7	20	12	10
13—Malignant neoplasm, uterus	F.	33	..	..	..	..	5	18	5	5
14—Other malignant and lymphatic neoplasms	M.	190	..	..	1	2	10	57	75	45
	F.	145	..	2	1	1	6	54	39	42
15—Leukaemia, aleukaemia	M.	5	..	..	..	..	1	2	2	..
	F.	5	1	..	..	1	..	1	2	..
16—Diabetes	M.	4	..	..	..	..	..	3	..	1
	F.	18	..	..	..	1	..	..	14	3
17—Vascular lesions of nervous system	M.	244	..	..	..	..	3	45	88	108
	F.	258	..	..	..	..	7	40	97	114
18—Coronary disease, angina	M.	289	..	..	..	..	12	117	109	51
	F.	151	..	..	..	..	2	49	61	39
19—Hypertension with heart disease	M.	59	..	..	..	..	..	16	19	24
	F.	71	..	..	..	..	1	26	18	26

Causes of Death at different periods of life
for 1950—*continued.*

Causes of Death.	Sex	All Ages.	0–	1–	5–	15–	25–	45–	65–	75–
20—Other heart disease	M.	245	1	1	1	2	6	39	61	134
	F.	306	..	..	..	3	7	31	77	188
21—Other circulatory disease	M.	87	..	1	..	..	..	7	26	53
	F.	76	..	..	..	..	..	8	23	45
22—Influenza	M.	16	..	1	1	..	1	5	3	5
	F.	28	2	..	1	2	2	4	9	8
23—Pneumonia	M.	93	13	..	..	..	7	26	19	28
	F.	75	2	1	..	..	5	13	24	30
24—Bronchitis	M.	164	3	..	..	1	..	61	62	37
	F.	109	1	..	..	..	4	13	36	55
25—Other diseases of respiratory system	M.	17	..	..	..	..	3	8	3	3
	F.	5	..	..	..	..	1	1	..	3
26—Ulcer of Stomach and duodenum	M.	25	..	..	..	..	3	12	6	4
	F.	5	..	..	..	..	1	4	..	..
27—Gastritis, enteritis and diarrhoea	M.	9	5	1	..	..	..	1	2	..
	F.	8	4	..	1	1	..	..	2	..
28—Nephritis and nephrosis	M.	21	..	..	2	..	..	9	7	3
	F.	23	..	..	..	..	3	8	7	5
29—Hyperplasia of Prostate	M.	24	..	..	..	..	..	4	8	12
30—Pregnancy, childbirth, abortion	F.	7	..	..	..	..	7	..	..	..
31—Congenital malformations	M.	19	12	1	2	..	..	3	1	..
	F.	28	17	2	1	1	2	3	2	..
32—Other defined and illdefined diseases	M.	185	58	2	6	2	10	29	30	48
	F.	206	33	1	1	3	21	32	37	78
33—Motor vehicle accidents	M.	21	..	2	1	4	4	6	1	3
	F.	6	..	..	..	..	1	2	1	2
34—All Other accidents	M.	36	3	2	1	1	6	12	2	9
	F.	29	2	1	1	..	3	4	6	12
35—Suicide	M.	32	..	..	..	1	4	17	8	2
	F.	8	..	..	..	1	3	2	2	..
36—Homicide and operations of war	M.	2	..	..	..	..	..	..	2	..
	F.	1	..	..	..	1	..	..	..	..
All Causes	M.	2077	102	14	17	21	122	609	605	587
	F.	1848	68	15	12	41	130	388	506	688

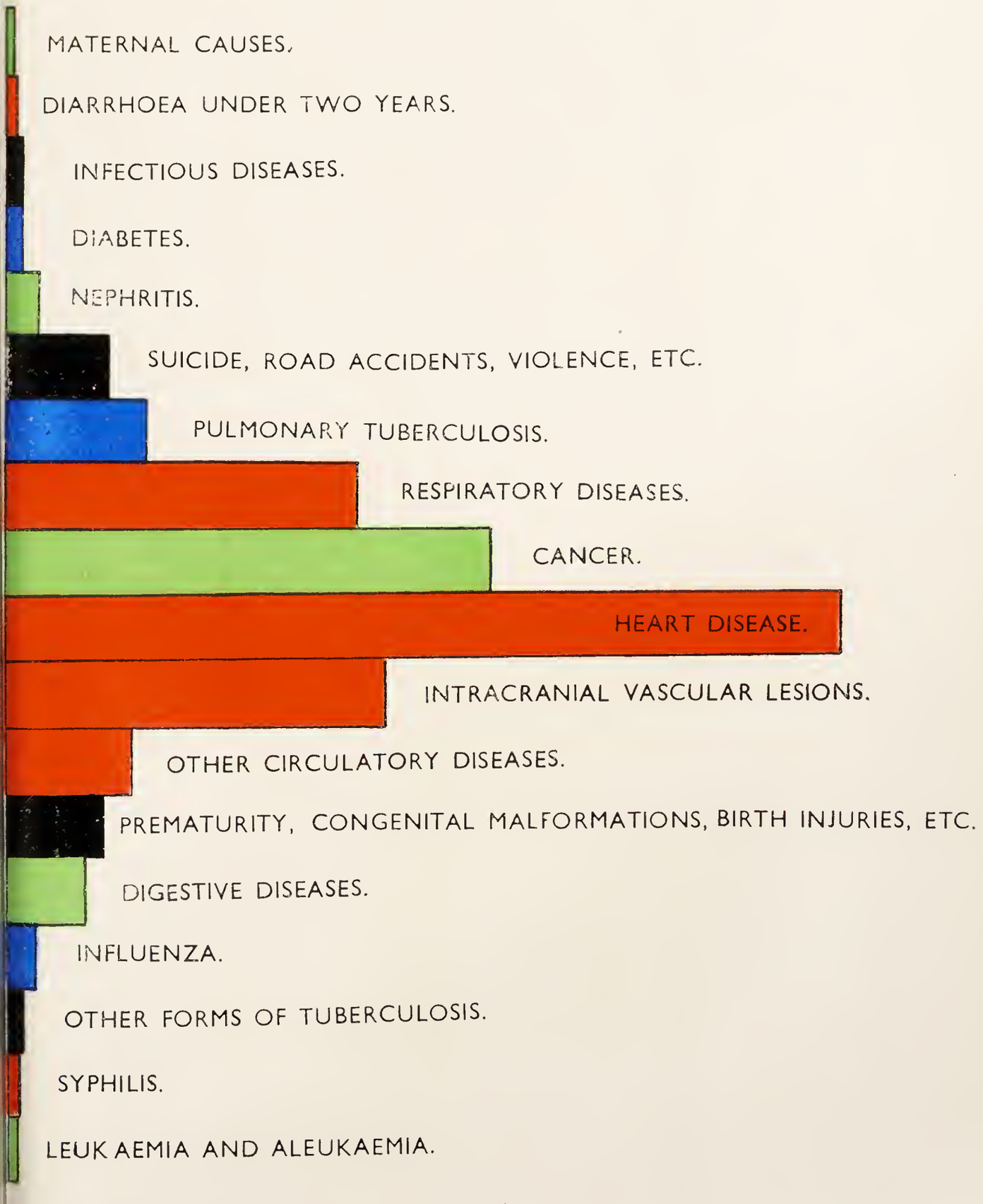
Total deaths during recent years from certain classes of disease.

	Nervous System.	Circulatory.	Respiratory.	Digestive.	Violent Causes.
1928 ...	331	796	480	247	153
1929 ...	311	893	577	226	148
1930 ...	256	874	469	227	137
1931 ...	250	991	509	195	158
1932 ...	232	976	413	201	161
1933 ...	237	1,003	362	213	151
1934 ...	266	935	405	215	134
1935 ...	243	1,107	391	223	130
1936 ...	276	1,283	408	266	154
1937 ...	231	1,316	470	207	139
1938 ...	233	1,216	388	205	157
1939 ...	289	1,278	307	171	189
1940 ...	420	1,115	405	154	211
1941 ...	496	972	530	157	302
1942 ...	474	847	444	130	177
1943 ...	475	915	572	138	150
1944 ...	446	987	418	136	128
1945 ...	476	994	416	115	208
1946 ...	511	996	461	105	106
1947 ...	544	983	505	139	151
1948 ...	500	990	398	153	123
1949 ...	538	1131	549	146	127
1950 ...	502	1285	507	110	135

CHIEF CAUSES OF DEATH AT ALL AGES

RATES PER 1000 POPULATION

1950



WARD DISTRIBUTION OF BIRTHS, DEATHS, INFANT MORTALITY, TUBERCULOSIS AND OTHER RESPIRATORY DISEASES, 1950.

WARD.	Estimated Population.	Acreage.	Density of Population per Acre.	Births.	Birth Rate.	Deaths.	Death Rate.	Deaths under 1 year.	Infant Mortality Rate.	Pulmonary Tuberculosis.				Non-Pulmonary Tuberculosis.				Other Respiratory Diseases.	
										New Cases	Attack Rate.	Deaths.	Death Rate.	New Cases	Attack Rate.	Deaths.	Death Rate.	Deaths.	Death Rate.
Armstrong	15,080	339	44·47	343	22·75	265	17·58	13	37·89	23	1·53	11	0·73	7	0·46	2	0·13	33	2·19
Arthur's Hill ...	15,960	420	38·01	245	15·35	282	17·66	5	20·41	23	1·44	10	0·63	3	0·19	2	0·13	39	2·44
Benwell	15,260	354	43·10	355	23·27	184	12·06	10	28·18	38	2·49	14	0·92	5	0·33	..	0·00	25	1·64
Byker	14,590	271	53·84	285	19·53	198	13·57	7	24·57	21	1·44	6	0·41	2	0·14	1	0·07	36	2·47
Dene	13,270	1104	12·02	113	8·32	137	10·32	..	0·00	14	1·03	3	0·23	2	0·15	..	0·00	16	1·21
Elswick	14,630	215	68·06	223	15·24	179	12·24	2	8·97	21	1·44	10	0·68	..	0·00	3	0·21	15	1·03
Fenham	14,510	849	17·09	192	13·23	155	10·68	6	31·25	30	2·07	5	0·34	8	0·55	..	0·00	12	0·83
Heaton	15,640	355	44·06	174	11·13	204	13·04	6	34·49	31	2·03	7	0·45	1	0·06	..	0·00	25	1·60
Jesmond	17,300	1,080	16·02	164	9·48	223	12·89	6	36·59	17	0·98	7	0·40	1	0·06	..	0·00	20	1·16
Kenton	20,910	2,280	9·17	389	18·61	227	10·86	9	23·14	31	1·48	17	0·81	2	0·10	1	0·05	28	1·34
St. Anthony's ..	14,710	340	43·26	251	17·06	182	12·37	11	43·82	37	2·51	9	0·61	5	0·34	3	0·20	30	2·04
St. Lawrence ...	15,900	346	45·95	261	16·42	200	12·58	9	34·48	20	1·26	8	0·50	5	0·31	..	0·00	31	1·95
St. Nicholas	11,750	478	24·59	194	16·51	189	16·08	6	30·93	23	1·96	7	0·60	1	0·09	1	0·08	38	3·23
Sandyford.....	15,000	355	42·26	217	14·46	239	15·93	8	36·87	25	1·67	13	0·87	4	0·27	1	0·67	29	1·93
Scotswood	15,580	495	31·47	362	23·24	185	11·88	10	27·63	31	1·99	10	0·64	8	0·51	3	0·19	26	1·67
Stephenson	17,670	362	48·81	488	27·62	255	14·43	21	43·03	44	2·49	10	0·57	9	0·51	2	0·11	38	2·15
Walker	17,620	636	27·70	456	25·88	191	10·84	18	39·48	53	3·01	15	0·85	5	0·28	2	0·11	25	1·42
Walkergate.....	15,540	618	25·14	206	13·26	212	13·64	10	48·54	32	2·06	15	0·97	4	0·26	3	0·19	31	1·99
Westgate	13,880	504	27·55	233	16·78	217	15·63	13	55·78	18	1·30	6	0·43	1	0·07	1	0·07	36	2·59
City	294,800	11,401	25·86	5,051	17·14	3,925	13·31	170	33·65	532	1·81	183	0·62	73	0·25	25	0·08	533	1·81

II.—NATIONAL HEALTH SERVICE ACT

NATIONAL HEALTH SERVICE—DOMICILIARY SERVICES.

In a review such as this of the domiciliary services it is interesting to note how the problems and the work have changed and expanded, even in a few years. The work of the health visitor and midwife in the past is reflected now in the low infant mortality rate and maternal mortality rate, in the better nutrition of the growing child and the greater knowledge of the mother in the care of herself and her child. Specific problems are now being tackled such as the care of the premature infant, the ascertainment and care of tuberculous infants and young children, and the care of the illegitimate child. These subjects are related directly to the mother and child. The field of interest of the domiciliary services, however, is now very much wider. With the shouldering of responsibility for home nursing and domestic help, and the expansion of the Almoner's Department, the local authority is equipped to tackle almost any social problem which arises in the home. The health visitor now not only looks after the mother and young child but advises on the health of the whole family. She is also a member of the team working to alleviate the problem of the aged. She, perhaps, more than any other, has the opportunity to help and advise the old man or woman in need of help. She knows her families ; she knows where the old people are and can put them in touch with any service they may need, be it home nursing, domestic help or almoning. All these services work together harmoniously, the individual members of the team being in constant touch with each other. A register of these old people is gradually being compiled and, with the help of voluntary agencies, they will have constant supervision. In this way it is hoped that the tragedies which have sometimes occurred in the past in cases where old people have lived alone and neglected may not happen in the future.

The question of " problem families " is one which seems to become more acute and obvious as the normal family increases in general knowledge of child care and the way of living. It is intimately bound up with " children neglected in their own homes," a group which is causing a great deal of public anxiety, but although in " problem families " the children are often more or less neglected it does not always follow that a family in which there is child neglect is necessarily a " problem family," Child neglect is usually due to ignorance and irresponsibility whereas " problem families " are the result of anti-

social behaviour in one or both parents which may be due to mental or moral defectiveness, marital disharmony, ill-health, etc. Time and thought must be devoted to this question, not only to help the "problem families" themselves, but also because of the effect they have on their neighbours—mental, moral and physical. There is no doubt that there will always remain a certain proportion of them who will not respond to any kind of help, but everything must be done to reduce this number to the minimum.

Staff Changes.

The latter part of the year has been marked by major changes in the staff of the department. Miss G. B. Cameron, Chief Nursing Officer, retired in October after 33 years of wonderful service in the department. It is an understatement to say that she is missed. Her personality dominated the department all the years she served and all have benefited by her tact and kindly understanding as well as her infinite wisdom. She was wished many happy years of retirement by members of the Committee and of the Staff.

In November Mrs. Maddison, Domestic Help Organiser, left to take up a post in an advisory capacity, at the request of the Ministry of Town and Country Planning, on the Council of the new Peterlee Development Corporation. Although Mrs. Maddison had only been with us two years she had, in that time, built up an excellent Home Help Service, and had managed to impart to her staff a real sense of service in the best sense of the word. Although her loss to our service was undoubtedly felt it is noteworthy that her merits have been recognised and this honour accorded her.

Two other key members of the staff—Miss Cato, Deputy Non-Medical Supervisor of Midwives, and Miss Peaston, senior clerk in the Maternity and Child Welfare Department, also took up other posts towards the end of the year, their places being filled respectively by Mrs. Marshall, one of the City's municipal midwives, and Miss G. M. Marshall, who had been typist in the department prior to this appointment.

Miss Elsie Stephenson has taken up the post of Chief Nursing Officer and Miss Elsie Davidson that of Domestic Help Organiser.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

It is gratifying to be able to report this year a new low record figure for the infant mortality rate—namely, 33·6. This figure, however, although a record for the city still lags behind that of the country as a whole. Of the deaths of babies occurring in the first year of life 60 per cent. occur during the first month. Although this conforms to the pattern of the past few years the causes of these neo-natal deaths show a slight change. There are still more babies dying in the first month from prematurity than from any other cause, but the percentage due to prematurity has definitely fallen.

	1947	1948	1949	1950
Deaths in first year.....	291	218	213	170
Deaths in first month	137	113	109	105
Deaths due to prematurity ...	56	68	62	39
Deaths due to congenital defects.....	..	..	18	34

This is not due to a smaller percentage of premature births because this percentage has actually risen slightly. It is no doubt due to the greater care which is given to the nursing of these babies both in hospital and on the district, and it is very encouraging to see the results of this work reflected in these figures.

It is worth noting the comparatively large number of deaths in the first year due to congenital malformations. This is more marked than ever before and constitutes a real problem for those concerned in lowering the infant, and particularly, the neo-natal mortality rate. One hopes that the research into this problem, which is at present being carried out, will help to give a guide to its solution.

As mentioned above the number of premature births has increased and the still-birth rate has risen by 50 per cent. over the 1949 figure. There is a very definite relation between the causes of still and premature births and everything possible must be done to lower these figures. When one looks back on the ante-natal and midwifery services which were operating in the first part of 1948, and which were the outcome of years of planning and of building, the results of which were reflected in the consistent lowering of the maternal mortality rate, it is tragic to have to acknowledge that the improvement has not been consistently maintained in this City.

There is another aspect of the maternity service which has become less satisfactory for city mothers since 1948, namely, the admission of patients to hospital. There are fewer maternity beds available in hospital and in nursing homes to city mothers, and apart from this it is often necessary for them to travel long distances to hospitals outside the city for their confinements because more cases from the surrounding areas are being admitted to the city hospitals. One realises that the county areas must also be served but the difficulties in the admission of cases because of this system is often regrettable. The attention of the Regional Hospital Board has been drawn repeatedly to these difficulties which have affected the Newcastle maternity services.

Unfortunately the priority dental service for expectant mothers and children under 5 years received a distinct set-back during the year. Mrs. Makepeace, the dental surgeon carrying out this work, had to give up in June and it has been impossible to replace her. The work has been carried on by the school dental officers, but it was not possible to undertake all that was planned in this field. However, although routine inspections had to be dropped the major part of the treatment work has been done.

The day nursery attendances have been affected to a great extent by epidemics throughout the year. They are a costly service at any time, but when only two-thirds full the cost per child is raised considerably. The demand, now that admissions have been limited to real social problems, has greatly diminished, and it seems that the number of places provided is adequate.

ATTENDANCES AT ANTE-NATAL AND POST-NATAL CLINICS DURING 1950.

Clinics provided at end of year. (1)	Number of Women who attended during the year. (2)		Number of New Patients who attended during the year. (3)		Total Number of Attendances made by women included in Col. (2) during year. (4)		Average Sessional Attendance.
	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.	Ante-Natal.
Benwell (1)	196	..	158	..	740	..	15
Byker (2)	340	..	258	..	1,248	..	13
Diana Street (1) ..	199	9	166	9	844	9	17
Elswick (2)	351	14	286	14	1,182	14	13
East End (1)	105	6	87	6	433	6	10
Fawdon (1).....	14	..	14	..	14	..	2
Fenham (2)	230	3	167	3	998	3	11
Heaton (1)	126	..	88	..	525	..	11
Scotswood (1)	193	10	149	10	663	10	14
St. Anthony's (1) .	214	1	170	1	761	1	17
Walker (1)	237	..	196	..	603	..	13
Wharncliffe St. (1)	239	..	191	..	772	..	17
Dilston Hall (1) ..	113	..	108	..	338	..	20
1950.....	2,557	43	2,038	43	9,121	43	13
1949.....	3,118	12	2,374	12	11,461	12	15

N.B.—The number in the bracket in Col. 1 denotes the number of weekly sessions held at the ante-natal centres, except Dilston Hall which session is held every two weeks.

Fawdon Clinic was discontinued in August, 1950.

DEATHS OF INFANTS.

Infants	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Deaths of Infants during first week of life.....	105	101	98	102	96	118	103	86	79	91
Deaths of Infants aged one to four weeks	45	28	37	50	21	17	27	21	18	12
Deaths of Infants aged one to twelve months	162	129	154	122	73	101	153	105	104	67
Deaths from Prematurity	86	71	63	64	56	84	59	64	52	39
Deaths of Twins and Triplets	30	29	23	29	20	29	25	27	20	24
Infant Mortality Rate	76	59	64	50	39·7	41	44·3	38	40	33·6
Total Live Births for corresponing years	4,176	4,289	4,548	5,359	4,836	6,079	6,449	5,705	5,377	5,05[illegible]

Cause of Death.	Age Periods—Net.																			
	Under 1 Week.		1 and under 2 Weeks.		2 and under 3 Weeks.		3 and under 4 Weeks.		Total under 1 Month.		1 and under 3 Months.		3 and under 6 Months.		6 and under 9 Months.		9 and under 12 Months.		Total under One Year	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Pulmonary Tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
Disseminated Tuberculosis	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Congenital Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Salmonella infections	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	1	..	1	2	4
Meningococcal infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2	..
Measles	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
Leukæmia and aleukæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Psychosis of other demonstrable etiology	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
Mental deficieney	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Phlebitis and Thrombophlebitis of intracranial venous sinuses	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
Other myocardial degeneration	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
Other and unspecified diseases of heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
Gangrene of unspeeified eause	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Influenza with other respiratory manifestations	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Influenza with digestive manifestations but without respiratory symptoms	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Lobar pneumonia	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	2	..
Bronchopneumonia	..	..	..	..	..	..	..	..	..	..	5	1	2	..	2	1	1	..	10	2
Primary atypical Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
Pneumonia other and unspecified	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	2	..
Acute Bronchitis	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	1	3	1
Pulmonary congestion and hypostasis	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Disorders of occlusion eruption and tooth development	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Other diseases of Stomach and Duodenum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Intestinal obstruction without mention of hernia	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	1	1
Gastro-enteritis and colitis except ulcerative Age 4 weeks and over	..	..	..	..	..	..	..	..	..	..	1	2	2	2	1	..	..	..	4	4
Diseases of pancreas	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Osteomyelitis and periostitis	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Monstrosity	2	..	..	..	..	..	..	..	2	..	1	..	..	..	..	..	..	..	3	..
Spina bifida and meningocele	..	3	1	3	..	1	..	..	1	7	..	..	..	..	..	..	..	..	1	7
Congenital hydrocephalus	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Other congenital malformations of nervous system and sense organs	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Congenital malformations of circulatory system	2	1	..	..	1	..	..	..	3	1	..	..	1	1	..	1	..	..	4	3
Congenital malformations of digestive system	..	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	2
Congenital malformations of genito-urinary system	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Congenital malformations of bone and joint	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Other and unspecified congenital malformations not elsewhere classified	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
Intracranial and spinal injury at birth	8	3	..	..	..	..	..	..	8	3	..	..	..	..	..	..	..	..	8	3
Other birth injury	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	2	..
Postnatal asphyxia and atelectasis	7	5	..	..	..	..	1	..	8	5	..	..	..	..	..	..	..	1	8	6
Pneumonia of newborn	1	1	2	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	3	1
Hæmolytic disease of newborn	2	1	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	2	1
Hæmorrhagic disease of newborn	5	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	5	..
Illdefined diseases peculiar to early infancy	1	1	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	1
Immaturity with mention of any other subsidiary conditions	3	1	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	3	1
Immaturity unqualified	19	16	..	..	..	..	..	..	19	16	..	..	..	..	..	..	..	..	19	16
Certain symptoms referable to nervous system and special senses	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	1	2
Inhalation and ingestion of food causing obstruction or suffocation	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	2
Accidental mechanical suffocation in bed and cradle	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	2	..
	55	36	5	4	1	1	1	..	62	41	14	8	9	9	11	6	5	5	101	69

Care of Illegitimate Children.

Total number of illegitimate births	230

Number of unmarried mothers admitted to Mother and Baby Homes for whom the Local Health Authority assumed financial responsibility :—

Brettargh Holt	4	St. Faith's	2
Coledale Hall	1	St. Agnes	1

Adoption of Children (Regulation) Act, 1939.

Number of Persons who gave notice under Section 7(3)	7
Number of Children adopted under Section 7(3)	6
Number of Children under supervision	1
Number of Children who died in 1950	Nil.
Number of Children returned to parents	Nil.

The adoptions shown in the table are only in respect of those taking place in the first four months of the year as the responsibility for this work passed to the Children's Committee in May.

National Dried Milk and Vitamins.

National Dried Milk and Vitamins are now distributed from all ante-natal and child welfare centres. Unfortunately, the " take-up " of vitamins is not as good as could be wished. The figures for the City and those for the country as a whole are shown below :—

	Vitamin " Take-up."	
	Newcastle.	*England and Wales.*
Orange Juice	33·9%	24·8%
Cod Liver Oil	24·8%	26·4%
Vitamins	34·2%	28·7%

Nose, Throat and Ear Treatment.

Nose, throat and ear treatment is no longer arranged through the School Medical Service. Children are now being referred direct to the hospitals, and urgent cases are being dealt with almost immediately.

Ultra-Violet Ray.

	Sun-Ray Clinic	Newcastle Gen. Hospital	Total.
Number of Patients treated	49	33	82
Number of Treatments given	262	136	398

Sewing Classes.

A total of 146 classes were held at 5 centres. The number of attendances was 1,204—an average of 8 mothers at each class.

Day Nurseries.

The attendances at the day nurseries have on the whole been poor throughout the year owing to infection. This is one of the inevitable problems that arise as soon as young children are gathered together in groups, and it unfortunately means that children are exposed and probably succumb to infectious diseases at an earlier age than would otherwise be the case. With measles and whooping cough particularly, early infection should be avoided as the possibility of serious after-effects is so much greater in the very young child.

The waiting lists for the nurseries have dropped considerably and would probably be non-existent if it were not for infection preventing admissions.

There are many requests made each week for admission but when enquiries are made few are found to have any real hardship and therefore cannot be accepted for admission. Of those interviewed and for whom admissions were arranged during the year 108 never turned up at the nursery.

During the year 24 nursery students sat the Nursery Nurses Examination Board Certificate Examination, 17 of these being successful.

ATTENDANCES AT DAY NURSERIES DURING 1950.

Nursery.	Total Capacity.	Children on Register at end of year.	No. of Attendances 0–2 years.	No. of Attendances 2–5 years.	Total Attendances.	Average Daily Attendance (Monday-Friday).	Admissions during year.	Discharges during year.
Cresta	40	40	1,096	5,805	6,901	27	44	42
Willow Avenue	50	38	1,445	6,605	8,050	31	45	50
Renwick Street	50	47	1,333	7,163	8,496	33	38	39
Woodland Cres.	48	49	2,271	6,310	8,581	33	79	58
West Parade ..	50	51	2,363	8,214	10,577	41	60	63
Gosforth Street	50	44	1,607	6,665	8,272	32	60	70
Byker Park ...	50	43	1,948	6,766	8,714	34	50	64
St. Anthony's .	50	45	1,162	6,382	7,544	29	50	50

Report on the Priority Dental Service for Nursing and Expectant Mothers and Children Under School Age for the year 1950.

January—June, 1950.

During the early part of the year, the Priority Dental Service for expectant and nursing mothers and children under school age was operated, as in 1949, from the dental clinic at St. Anthony's Welfare Centre, and from several of the school clinics.

By arrangement with the medical staffs of the various welfare centres in the City, an offer of free and immediate dental examination and treatment was made to all expectant and nursing mothers attending the centres, while a like offer was sent to the parents of all children between the ages of $2\frac{1}{2}$ and 3 years. By this means, and by notices displayed in the welfare centres, the existence of the Priority Dental Scheme was brought to the notice of prospective patients.

For the mothers and children who responded to the offer of priority treatment, and who wished to avail themselves of our clinic facilities, regular dental examination sessions were held at the Welfare Centres at St. Anthony's, Diana Street, and Shields Road, these centres being chosen for their situation in the eastern, western, and central areas of the city respectively.

These examination sessions were on the whole fairly well attended, and it was the custom for the Dental Officer who conducted them to give brief talks on oral hygiene to the parents, and to stress the importance to the general health of possessing sound teeth and a healthy mouth, and they were advised how much it was in the interests of their children to have the latter's teeth attended to from an early age. The parents were encouraged to bring their children to the dental clinics whenever they wanted to, and it was suggested that all children should be brought to " see the dentist " at regular six monthly intervals.

At these examination sessions the names and addresses of all mothers and children who were found to be in need of attention were noted, together with brief details of the treatment found to be necessary, and appointments were then made for the parents and children to attend the appropriate dental clinic for treatment.

Where the treatment found to be necessary was of a simple nature, such as extractions or fillings, the mother or child was normally given an appointment at the clinic most conveniently situated for her to attend, but where treatment of a more extensive nature was required, or where the fitting and supply of artificial dentures was necessary, an appointment was made for the patient to attend St. Anthony's Centre, the clinic best suited for work of this nature, the school clinics being unable to carry out much other than simple conservative work and extractions.

In this fashion, over the early part of the year, that is from January to June, some 800 patients were seen by the Dental Officers, over 1,000 attendances being made for treatment, which was given either in one of the school clinics or at St. Anthony's Centre, and some 260 artificial dentures were supplied.

Up to the middle of the year it had been encouraging to see the scheme grow, from its small beginnings in late 1948, and as its existence became known, until it gradually became popular, and "a visit to the dentist" for mother or child had become a part of the Welfare Centre routine.

Unfortunately however, at this time the department lost the services of Mrs. Makepeace, the Dental Officer at St. Anthony's Clinic, and with her resignation the Priority Dental Scheme lost a valuable officer. Her enthusiasm for the scheme, and her popularity with the mothers and children, did much from the start to promote the scheme's success.

July—December, 1950.

For the remainder of the year, in spite of continuous advertising the vacancy remained unfilled, so that alternative arrangements had to be put into operation. For these arrangements we were forced to rely solely on the part time services of the School Dental Officers, granted us by the Education Committee at the commencement of the scheme. The school clinics in the western and central areas of the City continued to give one session per week to the Maternity and Child Welfare Service, and in addition, with the help of the staff of the School Service, we were able to keep St. Anthony's Clinic open for the eastern sector on three sessions per week. By this means it was possible to continue the work of the Priority service throughout the year, including the supply of dentures.

The amount of work undertaken however had to be considerably curtailed, as it was no longer possible to deal with the numbers of patients now desiring treatment under the scheme. To this end the offer of treatment to all mothers and children attending the welfare centres for ante and post natal care was discontinued, and the examination sessions stopped. The medical staffs of the welfare clinics were advised of this alteration in our routine and they were requested, as an interim measure, to send us all cases whom they found at their medical examinations to be in obvious need of dental treatment. The department was also able to cope with those cases who sought treatment from us on their own initiative and by limiting numbers in this way we were able to continue to operate the service for the rest of the year, and to treat all cases within a reasonable time, avoiding long waiting lists.

It was with great regret however, that the offer of treatment and the regular examination sessions had to be discontinued, as much dental disorder was brought to light at these inspections, early enough for remedial measures to be effective. They also gave an opportunity of letting the patients, particularly the children, become more familiar with the Dental Officer before attending for treatment, with the result that the children tended to be less fractious in the dental chair under treatment.

These emergency measures worked fairly well over the remainder of the year, and enabled the most urgent and deserving cases to receive attention.

However, it is hoped that the present negotiations on conditions of service for the Public Dental Officer will result in more attractive terms of service, so that recruits to public dentistry will be once more forthcoming, and that in the near future we shall be able to operate the service for Newcastle on the lines on which it was begun.

In conclusion, the detailed work of the service is given on next page.

NUMBERS PROVIDED WITH DENTAL CARE.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	388	387	565	418
Children under five	911	725	713	713

FORMS OF DENTAL TREATMENT PROVIDED.

	Extractions.	Anæsthetics.		Fillings.	Scalings or Scaling and gum treatment.	Silver Nitrate treatment.	Dressings.	Radiographs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and Nursing Mothers.....	1289	116	139	151	92	..	14	10	173	88
Children under five	1350	..	576	301	3	320	10	..	..	..

SECTION 23—MIDWIVES' SERVICE.

During the past year although many mothers booked a doctor for their confinement the ratio between maternity and midwifery domiciliary cases has reverted to very nearly what it was before the introduction of the National Health Service Act which made the services of a doctor available and free to all expectant mothers. The doctors, though booked, in the majority of normal cases leave the actual delivery to the midwife engaged for the case. The doctor is, of course, available should any condition of the mother or baby require his services. This arrangement explains the fall in the number of medical-aid requests sent to doctors by midwives as it is only in the case where no doctor has been booked that a 'medical-aid' may be necessary.

There are still some mothers who book a doctor for their confinement, receive their ante-natal care from that doctor and never have the necessary blood examinations done. Our ante-natal clinics have this blood examination service available to all expectant mothers, whether they are municipal midwives' cases or not.

The number of births is still falling but there seems to be an increasing desire on the part of the mothers to have their babies in hospital. Whether this is wise it is difficult to say. Unfortunately it is often necessary for a mother to go into hospital for her confinement merely because of the unsuitability of her home conditions. This demand on hospital beds is becoming more and more difficult to satisfy, and as the Newcastle General Hospital and Princess Mary Maternity Hospital have been unable to take all city mothers requiring hospital care it has been necessary to make arrangements for a number to go out to Dilston Hall, and other hospitals, for their confinement.

More mothers are now having the benefit of gas-air analgesia on the district, and the use of pethidine has also been a great relief to the mothers.

It is gratifying to report that for the first year on record there were no cases of ophthalmia neonatorum notified. No doubt the use of penicillin, besides special care, has been a contributing factor to this good result.

Ante-natal exercises designed to educate the mother and help her in relaxation at her confinement have been held at two centres in the city—one at the East end and one at the West end. These

were conducted by one of the Newcastle General Hospital physiotherapy staff acting for the local authority. Although attendances were never very large they were appreciated by those mothers who attended and were found to make the actual labour easier.

Towards the end of the year two post-natal clinics were started. It was felt that these were necessary and long overdue but in actual fact, although the mothers were all given specific appointments, the attendances were so poor that it was decided to discontinue post-natal clinics as such and undertake post-natal care at the ante-natal clinics. This is a more satisfactory arrangement for both mother and doctor because it means that the mother attends the same doctor for her post-natal examination as she did for her ante-natal care.

There were 42 pupil midwives trained in Part II of their midwifery certificate during the year, and it is pleasing to report that all passed the examination. Arrangements have now been made for medical students to receive their practical experience on the district with approved teacher midwives.

Premature Baby Scheme.

The scheme for special nursing of premature infants in their own homes has continued to produce good results. Although it is accepted that most babies under $3\frac{1}{2}$ lbs. should be nursed in hospital if possible the results in babies over that weight who have been nursed at home are equally as good as, if not better than, the hospital results. The widespread interest in the scheme has continued and the City Health Department has been asked by the Ministry of Health to undertake the training of midwives in the care of the premature infant. This course is still in an experimental state but already two midwives from Leicestershire County Council have attended. Whether it will keep to its original design of one month on the district and one month in hospital will be determined by experience, but it may be that local health authorities will find that they cannot release their midwives for so long.

The number of premature babies notified during 1950 was :—

139 living births.
13 still births.

Of the 139 living births, 131 premature babies were specialized by a Premature Baby Nurse ; 8 premature babies being transferred

to hospital under 14 days. No premature babies were entirely nursed by own midwife.

Result of 131 Specialized Cases :

Birth Weight.	Survived 28 days.	Died.
2½ lbs. and under	1	8
2 lbs. 9 ozs. to 3 lbs. 8 ozs.	4	9
3 lbs. 9 ozs. to 4 lbs. 8 ozs.	30	6
4 lbs. 9 ozs. to 5 lbs. 8 ozs.	71	2
Total	106	25

Of the 106 premature babies living specialized by a Premature Baby Nurse :

51 were entirely breast fed at the end of one month.

16 were receiving complementary feeds at the end of one month.

39 were artificially fed at the end of one month.

Also Specialized :—

3 premature babies after discharge from Princess Mary Maternity Hospital.

3 premature babies after discharge from Hope Dene.

1 premature baby after discharge from the Green, Wallsend.

Visits :—The total number of nursing visits made by the Premature Infant Nurse during 1950 was 2,599.

Six sets of twins were nursed on the district.

Equipment :—The premature nursing equipment issued during 1950 was as follows :—

67 sets plus necessities.

9 Necessities.

Details of the 8 Babies Admitted to Hospital.

Birth Weight.	Total.	Lived.	Died.
2 lbs. 9 ozs. to 3 lbs. 8 ozs.	3	1	2
3 lbs. 9 ozs. to 4 lbs. 8 ozs.	1	—	1
4 lbs. 9 ozs. to 5 lbs. 8 ozs.	4	3	1

Age Groups of Deaths of " Specialized " Premature Babies.

Under 24 hours	17
Under 1 week	8
Under 2 weeks	..
Under 1 month	..
Total	25

Weight Groups of Deaths of " Specialized " Premature Infants.

Birth Weight.	17 under 24 hours	8 under 1 week.
2½ lbs. and under	7	1
2 lbs. 9 ozs. to 3 lbs. 8 ozs.	6	1
3 lbs. 9 ozs. to 4 lbs. 8 ozs.	3	4
4 lbs. 9 ozs. to 5 lbs. 8 ozs.	1	2
Total	17	8

Attendances at Confinements.

Number of maternity cases in the area of the Local Supervising Authority attended by Midwives during the year.

	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.
Midwives employed by the Authority	1,835	691	..	..	1,835	691
Midwives employed by Hospital Management Committees or Boards of Governors under National Health Service Act	131	..	2,805	718	2,936	718
Midwives in Private Practice (including Midwives employed in Nursing Homes)	3	6	191	358	194	364
Totals	1,969	697	2,996	1,076	4,965	1,773

Summary of Municipal Midwives' Work.

No. of Ante-Natal Visits.	No. of Clinic Visits by Midwives.	No. of Deliveries.		No. of Nursings.
		As Mat. Nurses Doctor engaged.	As Midwives.	
19,930	2,415	691	1,835	46,848

Still-Births.

Among the 1,838 births attended by the Municipal and Private Midwives 19 still-births occurred. In the 697 cases where midwives attended in the capacity of Maternity Nurse 27 still-births occurred.

Of the 5,201 City births registered, 150 related to still-births, which gives a rate of 28·84 per 1,000 total births.

Suggested Cause of Still-births.

		Cases
(1)	Ante Partum Hæmorrhage	22
(2)	Placental Insufficiency	20
(3)	Fœtal Defects	25
(4)	Malpresentation	14
(5)	Inertia and Prolonged Labour	10
(6)	Toxæmia of Pregnancy	19
(7)	Prematurity	16
(8)	R.H. Negative	3
(9)	Asphyxia	9
(10)	Intra Uterine Infection	2
(11)	Other Causes	10
		150

Notices for Medical Aid sent by Midwives.

During Pregnancy—

Ante-Partum Hæmorrhage	22
Abortions	3
Illness (Miscellaneous)	14
	39

During Labour—

Uterine Inertia, Malpresentations	85
Retained Placenta	19
Post-Partum Hæmorrhage	21
Ruptured Perenium	181
	306

During Puerperium—

Rise of Temperature	30
Undefined Illness of Mother	32
	62

For Child—

Prematurity	25
Discharging Eyes	57
Congenital Defects	9
Illness of Baby	30
Still-Births	8
Rashes	13
	142

Total calls for mother and child—549.

Claims for fees from doctors in respect of calls from midwives :—

	1947	1948	1949	1950
For prolonged labour—malpresentation...	183	218	80	50
For post-partum hæmorrhage	25	27	18	14
For ante-partum hæmorrhage	66	60	18	10
For illness of mother	178	172	94	43
For illness of child	146	116	71	34
For premature birth	60	71	43	13
For discharging eyes	169	211	115	43
Ruptured Perineum	492	429	211	117
Other	175	72	44	17
Specialists called in	17	6	..	..
	1,511	1,382	694	341

INFANTILE AND MATERNAL MORTALITY.

Year.	Infantile Mortality (Deaths per 1,000 Live Births).	Puerperal Sepsis.			Total Maternal Deaths.	
		Number of Cases Notified.	Number of Deaths.	Death Rate per 1,000 Live and Still Births.	Number of Deaths.	Death Rate per 1,000 Live and Still Births.
1920.....	101	12	5	0·62	27	3·34
1921.....	96	12	5	0·69	24	3·29
1922.....	92	19	7	1·00	28	4·01
1923.....	98	13	10	1·57	26	4·08
1924.....	100	15	6	0·95	15	2·37
1925.....	88	13	4	0·64	18	2·89
1926.....	88	15	5	0·83	19	3·16
1927.....	88	10	4	0·74	20	3·70
1928.....	82	18	9	1·66	27	4·97
1929.....	85	17	11	2·15	30	5·85
1930.....	74	28	14	2·68	28	5·36
1931.....	92	18	9	1·78	23	4·55
1932.....	76	16	9	1·84	22	4·50
1933.....	76	10	7	1·43	22	4·50
1934.....	83	16	8	1·64	26	5·33
1935.....	86	16	12	2·46	25	5·13
1936.....	90	9	10	2·12	28	5·92
1937.....	91	*9	5	1·00	21	4·21
1938.....	66	39	5	1·03	16	3·30
1939.....	62	37	7	1·46	22	4·78
1940.....	64	56	2	0·43	11	2·37
1941.....	76	62	..	..	12	2·82
1942.....	59	50	3	0·68	12	2·71
1943.....	64	52	5	1·07	13	2·78
1944.....	50	104	6	1·09	19	3·45
1945.....	40	74	4	0·80	11	2·21
1946.....	41	65	1	0·16	4	0·64
1947.....	44	88	..	..	4	0·60
1948.....	38	52	..	..	5	0·85
1949.....	39·6	52	..	..	8	1·46
1950.....	33·6	49	2	0·38	7	1·35

* Ceased to be notifiable on 1st October, 1937. Figures after that date refer to Puerperal Pyrexia Notifications.

Complications of Childbirth.

(1) Puerperal Pyrexia.—Seventy-eight cases were notified during the year, 49 being Newcastle residents and the remainder extra-mural cases. There were two Newcastle deaths.

Of the Newcastle cases 38 occurred in hospital and 4 others were admitted to hospital, the remainder being nursed at home.

All City cases were visited. The attendants at the confinements were as follows :—

Newcastle General Hospital, 30 ; Princess Mary Maternity Hospital, 7 ; Hopedene Maternity Home, 1 ; Doctor, 1 ; Doctor and Midwife, 5 ; Midwife, 5.

(2) Maternal Mortality.—4,595 women were confined in the City and 606 Newcastle residents had their confinements outside the City. There were 7 maternal deaths, a mortality rate of 1·35 per thousand as compared with 1·46 for the previous year.

The deaths were all hospital cases.

Revised Classifications :—

Abortions, including sepsis following abortions	2
Hæmorrhage and shock after confinements (including renal complications)	2
Toxæmias of pregnancy, including pyelitis	1
Accidents of pregnancy and childbirth	2
	7

(3) Ophthalmia Neonatorum.—Nil.

SECTION 24—HEALTH VISITING SECTION.

1950 has been a year of steady progress in the Health Visiting Section with a continued embracing of the family as a whole.

Ever increasing, and already far too large case loads, do not prevent the health visitor continuing to teach and advise healthful living, and in so doing assisting the fulfilment of the preventative and constructive aims of medicine and nursing. The health visitor visits the homes of all children from fourteen days to five years during which time advice on feeding, child care, and home management is given ; the midwife wherever possible introducing the health visitor into the home.

In all cases of ill health the health visitor urges the calling in of the family practitioner, and endeavours to work closely with him, and when necessary the home nurse. The maintenance of full health both physical and mental in the young and the family as a whole is always the goal of every health visitor. In the case of communicable diseases the health visitor continues to advise in the home how to establish and maintain isolation and quarantine. She interprets the family practitioner's instructions, advising on nursing care, and helps to safeguard other members of the family.

The visiting of all tuberculosis cases and contacts continues and a close liaison has been maintained with the Chest Clinic. The health visitor acts in the home as a liaison officer between patient and the Chest Physician interpreting instructions given and guiding and attempting to maintain a good standard of hygiene and healthful living.

The aged are a vital part of our family unit and are now embraced by the health visitor who is quickly becoming the friend, adviser, and liaison officer between the home and the many and varied services which serve the aged of our community.

The cases of illness requiring aftercare are growing slowly and steadily. Many more could benefit from the helpful advice of the health visitor. Here is needed an even closer link between hospital, general practitioner and health visitor. In the welfare centre the health visitor is really the pivot around which the activities may grow ; so much depends on her personality, enthusiasm, and interest in the growth of the members. The progress of the centre work varies according to the situation and the continued effort towards health education and full health is ever the aim of the health visitor. Here she works very closely with the centre physician. The ante-natal and post-natal centres are closely allied with the midwifery services and here the health visitor and midwife continue to work towards active health education and care of the mothers who are attending.

In all sections of the health visiting work the clerical staff have continued to co-operate well and have given valuable assistance to these services.

SUMMARY OF VISITS.

	Primary.	Subsequent.	Total.
Births	5,291	33,348	38,639
Measles	2,618	2,370	4,988
Pneumonia	462	526	988
Whooping Cough	1,359	2,243	3,602
Poliomyelitis	35	78	113
Children over One Year	..	69,690	69,690
Hospital Cases	..	65	65
Expectant Mothers	741	350	1,091
Special Visits	..	1,941	1,941
Housing	..	50	50
Aged Persons	..	190	190
Visits re Adoptions	..	89	89
Unsuccessful Visits (Out and Removals)	..	15,415	15,415
Orthopædic Work (including Treatments)	93	246 2,608 treatments	2,947
Tuberculosis Visits	640	10,945	11,585
Tuberculosis Contacts	36	154	190
	11,275	140,308	151,583

Infants on Visiting List :

Of 5,237 children under one year who were visited in 1950, 4,771 completed their first year, and of the remainder :—

160 died.

234 left the city.

42 could not be traced.

22 were visited only once.

8 were put in institutions.

The following figures are therefore based on the 4,771 who completed the first year plus 160 who died, making in all a total of 4,931, and of that total 2,896 or 58·7 per cent. attended the welfare centres.

Illness among the children visited.—202 or 4·1 per cent. contracted measles ; 254 or 5·2 per cent. contracted whooping cough ; 165 or 3·3 per cent. contracted diarrhœa ; 561 or 11·4 per cent. contracted bronchitis or pneumonia.

Details as to the stated feeding of the 4,931 children under supervision during the year are given in the following table. 82 died before feeding was established.

	Feeding.					
	Breast.		Mixed.		Artificial.	
	No.	Percentage.	No.	Percentage.	No.	Percentage.
At First Visit	3,421	70·5	414	8·5	1,014	21·0
At time of death of those of above Children who died in First Year	31	40·0	9	11·5	38	48·5
Surviving Children at 9 months	41	0·9	450	9·4	4,280	89·7

Details as to children who should have attained the age of five years during 1950 :—

Well and attending school	2,921
Ill and not attending school	18
Left City or failed to trace	1,535
Died in 2nd year	15
Died in 3rd year	7
Died in 4th year	6
Died in 5th year	3
Total surviving whose whereabouts are known	2,939
Total deaths	31
Total reported upon	4,505

The addresses of 703 children who left the City in 1950 were sent to the Medical Officers of Health for the districts to which they had gone.

Training School for Health Visitors.

The Health Visitor Students who started their training in September, 1949, completed the course in April, 1950. These students were indeed fortunate for during the course they were able to move into their own lecture room. The lecture room, and office for the Health Visitor Tutor are situated above the Child Welfare Centre, Wharncliffe Street. The room is light, with individual desks, and a small kitchen unit for demonstration purposes. This lecture room is a home for the students during their period at the school, a place to study and to hold discussion groups ; a reference library is slowly growing, and many other useful additions are on the way. The present

group of students have known none of the overcrowding of their earlier colleagues, and so have enjoyed the privacy of their own school. It is here that most of the lectures are given. The Health Visiting Course is very comprehensive and the whole course is based on the prevention of ill-health both mental and physical, and the maintenance of a happy family unit. To the trained nurse and midwife entering this course the social and preventative aspects of ill-health are so important, as each one has seen the continued flow of hospital patients that with help, advice and good teaching might never have entered the hospital.

1949-1950 Course :

Number entering Course	22
Number completed Course	22
Successful candidates	17

1950-1951 Course :

Number entering Course	24

SECTION 25—HOME NURSING SERVICE.

The demand for the Home Nursing Service continues to increase and is a necessity to those who use and value it.

From January until March, 1950, the administrative arrangements were the same as in 1949, that is, half the city was served by the Local Authority Home Nursing Service and the remainder by the Cathedral Nursing Society who acted as agents of the Local Authority and were reimbursed to the extent of 90 per cent., but on 1st April, 1950, the whole service became the responsibility of the Local Authority. At the end of December, 1950, there were 31 full-time nurses and one part-time nurse operating in the city. Of the 31 full-time two were male nurses.

The case load of the home nurse continues to grow. The community is becoming constantly more aware of the advantages and assistance of the advice and care offered by the trained nurse in the home. The daily work may suffer from a too heavy case load. The maintenance of good nursing care, bedside care, and the time required to comfort, teach and maintain a good standard among her patients and their relatives are time consuming. Thus the home nursing service must continue to grow and meet the demand of the general public. This work is challenging to the nursing staff. It is no longer the Cinderella of the profession but a vital link of the home nursing

and domiciliary services. It is one on which the general practitioner constantly relies. The influenza epidemic made a heavy increase in the work, yet the nurses continued, often working with a depleted staff, to give adequate home nursing care to all those in need, always maintaining a cheerful and helpful outlook.

The number of acute and post operative cases have increased, but it is inevitable that the major part of the work is with the chronic and aged sick people.

We are an ageing population and the aged of our community are forever before us. The average elderly person does not wish to be removed to hospital, and it is here that the part of the home nurse, allied with the services of the health visitor and home help, can do much in comforting this large group in their later years. This work with the old people is an extremely arduous one for the Home Nurse especially in the winter months when weather conditions often hamper means of transport.

The link with the hospital continues to grow. The awareness of the necessity for a close relation between hospital nursing staff and domiciliary nursing staff grows. This is all beneficial to the patient who so often wonders what will happen on his return home. The continued growth of domiciliary home nurses will ultimately relieve hospital beds and staff as so many cases could be discharged early, while others need never be admitted to hospital if adequate nursing could be arranged.

From November 17th until December 31st some Student Health Visitors were taken round the various districts ; this arrangement was of mutual help to patient, Student Health Visitor and Home Nurse.

The following table shows the comparison between the number of patients and the number of visits in 1949 and 1950.

	1949	1950
New Patients	2,976	3,612
Re-Visits.....	86,239	101,385

SUMMARY OF NEW CASES VISITED BY HOME NURSES DURING 1950.

Diseases.	Total Number of New Cases–Present Period.	Sex.		Age Groups.				Result.			
		M.	F.	0–15 Years.	15–45 Years.	45–65 Years.	Over 65 Years.	Ill.	Referred to Hospital	Dis-charged	Died.
Cardiac	205	76	129	..	7	73	125	102	24	34	45
Respiratory	446	198	248	118	81	112	135	85	40	288	33
Hemiplegia	259	100	159	1	10	69	179	98	29	33	99
Senile	315	109	206	..	..	2	313	126	27	51	111
Tubercle	88	40	48	2	60	21	5	36	17	15	20
Diabetes	35	2	33	1	2	12	20	17	2	14	2
Accidents	129	50	79	37	29	27	36	35	8	81	5
Fractures	69	25	44	3	8	20	38	31	7	23	8
Carcinoma	216	78	138	1	19	98	98	72	17	27	100
Post-Operative	519	259	260	123	162	151	83	143	11	357	8
Gynæcological	76	..	76	..	38	16	22	28	4	42	2
Post-Obstetric	72	..	72	..	70	2	..	12	6	54	..
Neonatal	24	14	10	24	..	..	..	5	1	17	1
Stomach and Intestinal Complaints	400	159	241	97	70	93	140	47	25	308	20
Sepsis	634	243	391	130	216	151	137	144	35	446	9
Rheumatism	63	8	55	1	2	29	31	38	1	18	6
Miscellaneous	62	29	33	23	14	6	19	14	4	40	4
Totals	3,612	1,390	2,222	561	788	882	1,381	1,033	258	1,848	473
Percentage of Total cases	100%	38%	62%	15·5%	21·8%	24·4%	38·2%				

SECTION 26—VACCINATION AND IMMUNISATION.

SECTION OF IMMUNOLOGY.

The death of Professor H. J. Hutchens in May, 1950, was a sad blow to the Department. He had been in charge of the City's Diphtheria Immunisation scheme since its inception in 1934, and the undoubted success of the scheme reflected in the total absence of any cases of Diphtheria during the past two years, is very largely due to the activities of Professor Hutchens. He organised the department on sound lines, and personally conducted all immunisation sessions.

The re-organisation of the Section of Immunology, following the death of the Professor, was undertaken by the Public Relations Officer. Arrangements were made for the various diphtheria immunisation and vaccination clinics to be conducted by certain general practitioners, payment being made on a sessional basis. A few of the clinics—those where attendances had shown a tendency to fall off—were held fortnightly instead of weekly, and the location of one Diphtheria Immunisation clinic was transferred to a more suitable situation.

Vaccination.

The year has been marked by a drop in the attendances at clinics for primary vaccination, but this is offset by the greatly increased number of vaccinations performed by private practitioners, and the total of 2,609 children under the age of one year vaccinated during the year is reasonably satisfactory.

The outbreaks of Smallpox at Glasgow and Brighton had undoubtedly an appreciable effect on the number of primary and re-vaccinations carried out, particularly in the age group 15 years and over.

TABLE I.

NUMBER OF INDIVIDUALS ATTENDING CLINICS FOR PRIMARY VACCINATION AND RE-VACCINATION IN 1950.

PRIMARY VACCINATION.

Clinic.	1st Insertion.					2nd Insertion.				3rd Insertion.			
	No.	Successful.	Failed.	Not seen.	Percentage failed.	No.	Successful.	Failed.	Not seen.	No.	Successful.	Failed.	Not seen.
St. Anthony's	230	188	7	35	3·58	9	5	3	1	3	..	1	2
Wharncliffe Street.....	168	116	13	39	10·07	13	7	..	6	..	..	..	..
Byker	172	140	15	17	9·67	12	6	4	2	..	..	..	..
Diana Street	313	235	23	55	8·91	23	13	7	3	2	1	1	..
East End Centre	85	73	5	7	6·41	5	2	..	3	..	..	..	..
*Fawdon.....	4	4	..	..	..	..	..	..	..	..	..	..	..
Total	972	756	63	153	8·33	62	33	14	15	5	1	2	2

RE-VACCINATION.

Clinic.	1st Insertion.				2nd Insertion.			
	No.	Successful.	Failed.	Not seen.	No.	Successful.	Failed.	Not seen.
St. Anthony's	9	8	..	1	..	..	..	..
Wharncliffe Street.....	8	2	..	6	..	..	..	..
Byker	52	28	4	20	2	..	1	1
Diana Street	47	14	4	29	4	1	1	2
East End Centre	10	9	..	1	..	..	..	..
*Fawdon.....	..	..	..	..	..	..	..	..
Total	126	61	8	57	6	1	2	3

*Commenced vaccination at ordinary Child Welfare Session in August.

TABLE II.

Number of Individuals Attending for Primary Vaccination and Re-vaccination in 1950 Divided into Age Groups.

Born :—	1949-50 Under 1 yr.	1946-49 1-4 years.	1936-45 5-14 years.	Before 1936 15 yrs. and over.	Total.
Clinics.					
Primary	898	40	10	24	972
Re-vaccination .	..	9	11	106	126
Private Practitioners.					
Primary	1711	134	104	145	2094
Re-vaccination .	..	21	81	543	645
Total Primary vaccinations .	2609	174	114	169	3066
Total re-vaccinations .	..	30	92	649	771

Diphtheria Immunisation.

The Diphtheria Immunisation clinics continued to function satisfactorily throughout the year, but owing to an outbreak of Poliomyelitis it was considered advisable to suspend inoculations at clinics during the period 30th August to 23rd October, and the doctors in the City were notified of this decision.

This cessation of activities had some effect on the year's figures, but all parents were notified when immunisation was to recommence and many of them responded very readily to the reminder.

It is pleasing to record that over 50 per cent. of children under the age of 5 years had been fully immunised by the end of the year, and that 80 per cent. of all school children were protected.

TABLE I.

No. of Individuals Attending Diphtheria Immunisation Clinics, and total attendances during 1950.

Clinic held at	Primary Immunisation.						Re-Immunisation.					
	Individuals.			Attendances.			Individuals.			Attendances.		
	under 5	over 5	Total.	under 5	over 5	Total.	under 5	over 5	Total.	under 5	over 5	Total.
Scotswood	85	2	87	267	5	272	77	30	107	142	56	198
Benwell	228	13	241	646	39	685	138	41	179	249	71	320
Fenham	216	10	226	669	26	695	150	37	187	296	74	370
Byker	237	11	248	681	30	711	131	35	166	243	65	308
St. Jude's	119	4	123	355	11	366	82	22	104	157	52	209
St. Anthony's	360	14	374	985	32	1017	193	18	211	360	30	390
East End	179	19	198	553	54	607	118	58	176	217	100	317
Elswick	169	7	176	497	12	509	87	14	101	151	23	174
Heaton	118	9	127	336	23	359	109	51	160	219	106	325
Diana Street	166	7	173	486	35	521	94	33	127	189	50	239
Wharncliffe Street	182	15	197	474	24	498	45	10	55	75	15	90
Totals	2,059	111	2,170	5,949	291	6,240	1,224	349	1,573	2,298	642	2,940

Clinic held at	Total Attendances	No. of Clinics.	Average attendance at each clinic.
Scotswood	470	36	13·05
Benwell	1,005	35	28·71
Fenham	1,065	41	25·98
Byker	1,019	41	24·85
St. Jude's	575	39	14·74
St. Anthony's	1,407	44	31·98
East End	924	43	21·49
Elswick	683	39	17·51
Heaton	684	44	15·54
Diana Street	760	43	17·67
Wharncliffe Street	588	43	13·67
Totals	9,180	448	20·49

TABLE II.

NUMBER OF INDIVIDUALS WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION, DIVIDED INTO TWO AGE GROUPS.

(1949 figures in brackets.)

1950	Under 5 yrs.	Over 5 yrs.	Total.
Clinics	2,121 (2,928)	128 (109)	2,249 (3,037)
Private Practitioners	1,316 (1,218)	59 (84)	1,375 (1,302)
Total	3,437 (4,146)	187 (193)	3,624 (4,339)

TABLE III.

NUMBER OF INDIVIDUALS WHO WERE RE-INOCULATED.

(1949 figures in brackets.)

1950	Under 5 yrs.	Over 5 yrs.	Total.
Clinics	1,135 (1,454)	469 (382)	1,604 (1,836)
Private Practitioners	231 (238)	*200 (189)	431 (427)
Total	1,366 (1,692)	669 (571)	2,035 (2,263)

* Includes 4 aged 15 years.

TABLE IV.

NUMBER AND AGES OF INDIVIDUALS ATTENDING THE CLINICS AND PRIVATE PRACTITIONERS FOR PRIMARY IMMUNISATION DURING THE YEAR 1950.

Age in years	0–1	1	2	3	4	Total under 5	5	6	7	8	9	10	11	12	13	14	15	Total over 5	Total all ages.
1950.....	2,227	803	170	105	132	3,437	58	79	21	6	9	5	5	1	1	1	1	187	3,624

TABLE V.

NUMBER AND AGES OF INDIVIDUALS WHO WERE RE-INOCULATED AT CLINICS OR BY PRIVATE PRACTITIONERS DURING THE YEAR 1950.

Age in years	4	Total under 5	5	6	7	8	9	10	11	12	13	14	15	Total over 5	Total all ages.
1950.....	1,366	1,366 (79% of	202 total)	280	54	39	21	36	17	11	4	1	4*	669	2,035

* Over 15 years by General Practitioners.

TABLE VI.

IMMUNISATION IN RELATION TO CHILD POPULATION. NUMBER OF CHILDREN UNDER 15 YEARS WHO HAD COMPLETED A FULL COURSE OF IMMUNISATION UP TO 31ST DECEMBER, 1950.

Year of Birth.	1950	1949	1948	1947	1946	1945-41	1940-36	Total under 15 yrs.
Number immunised	30	2,244	3,487	3,774	3,671	15,838	16,316	45,360
Estimated mid-year population, 1950	Under 5 yrs. 25,770					5-14 yrs. 40,050		65,820
Percentage, 1950			,, 51·25			,, 80·28		68·93
,, 1949			,, 49·74			,, 80·38		68·47
,, 1948			,, 47·31			,, 79·94		67·66
,, 1947			,, 42·70			,, 79·40		65·78
,, 1946			,, 43·30			,, 75·10		64·40

Enteric Fevers and Cholera.

During the year, 10 persons were inoculated at the clinics against the Enteric Fevers, and 3 against Cholera, whilst 5 persons were inoculated against both diseases, using the combined vaccine.

Whooping Cough.

No arrangements have been made at the clinics for inoculation against Whooping Cough, but it is known that quite a number of private practitioners have inoculated children at the request of parents.

SECTION 27—AMBULANCE SERVICE.

Work carried out by the Service.

It will be seen from the table on page 72 that during the twelve months there were 101,231 patients lifted involving a total mileage of 830,701 miles which, when compared with the previous twelve months, show an increase of 27,019 patients and 182,561 miles. The table also breaks down the number of cases into the various classifications of need for transport and subdivides this into types of transport discriminating between stretcher and sitting cases. It should be noted here that although more often than not a case is specified as a sitting case, due to the composition of the fleet it does not automatically correspond that this is conveyed by a sitting case type of vehicle, and often such cases are incorporated with other recumbent patients and travel by ambulance. This will be borne out by the figures with respect to the number of journeys undertaken throughout the year.

Vehicles.

Due to the planning of the Health Committee, who foresaw that the commitments on the Service under Section 27 would not reach their peak until well into 1950, the number of vehicles was continually being built up to meet the demand and therefore the additional work in no way impaired the efficiency of the Service, as during the year 4 ambulances, 1 sitting case bus and 1 sitting case car were delivered, bringing the complement of the fleet at the 31st December, 1950 to 30 ambulances, 8 sitting case cars and 3 sitting case buses. This is in accordance with the Ministry's approval of the modified proposals of the Local Health Authority Development Plan dated 6th January, 1950, with the exception that the city was still 2 vehicles under strength according to the maximum laid down in the official proposals.

In respect of persons not residing within our administrative area, some 18,419 patients were carried involving 364,246 miles, and as, under Section 24 of the National Health Service (Amendment) Act, the cost of this work is recoverable from the Local Authority in whose area these persons permanently reside, invoices amounting to £21,341 5s. 10d. have been issued during the year. However, certain cases are still carried outside the area for which the cost is not recoverable.

As foreseen in last year's report, much controversy with regard to the interpretation of Section 24 has been expressed and little guidance other than that from the joint meetings of the Associations of Municipal Corporations and County Councils has been forthcoming. It is felt that a clear cut statement would be beneficial and would clear up many outstanding day to day anomalies which are being experienced.

Premises.

It was a great disappointment that the plans for the adaptation of the East End Station did not materialize, especially in view of the fact that all plans had been drawn up and Ministry sanction had been obtained. The need for this Station is paramount, both from a question of garage space and efficiency of operation. There is no doubt that the major portion of industrial accidents arise from the East side of the City, and frequently embarrassment is experienced due to the lack of Station facilities. In planning the Stations for the Service, it was impossible, due to the taking over of existing buildings, to provide any margin of accommodation so that nearly all accident damage occurs within the Station, due to the necessity of shunting vehicles into inadequate space.

Representations have been made to the appropriate Committee in an endeavour to get an alternate Station in the East and it is sincerely hoped that results will be forthcoming in the near future.

The situations of the Central and West Stations have proved ideal from an operational point of view, but unfortunately it must be borne in mind that, due to future "Town Planning", neither of these Stations can be regarded as permanent, and it is necessary now to endeavour to find other sites for the erection of Stations.

Communications.

Due to the increase in the number of cases, the demand on the switchboard has grown and it is found that although there are 6 Exchange lines and 4 direct lines into the Control Centre, at certain times of the day all these are in use and calls have been building up at the main Telephone Exchange. Efforts are being made to deal with incoming calls quicker to overcome this embarrassment and it is hoped, by consultation with the main users of the Service, to shorten messages, and thereby enable more calls to be dealt with during peak periods.

The 2-way radio has now become a recognised part of equipment and has proved itself a most useful asset to the Service, and it is gratifying to note that it has now been installed by many other Authorities.

Maintenance.

During the year under review, much development under this heading has taken place. The lack of facilities and room experienced before moving into the Sandyford Road Depot, coupled with the shortage of vehicles experienced in the early days of the Service, meant that maintenance to the vehicles was by no means satisfactory. However, it is gratifying to be able to report that the lee-way has been made up and the vehicles are now maintained to a high standard. Not only does the policy of carrying out our own repairs give a greater availability of vehicles, but it is also an economical proposition in so much as the cost per mile of the vehicles in respect of fitting of new component parts, including tyres, and the repainting of vehicles, works out in the region of less than 1.5 pence per mile. It may be of interest to note that nine have been completely overhauled, including repairs to upholstery and coach work, stripping and repainting, during the twelve months.

The vehicles operating in the Service are averaging something in the vicinity of 1,800 to 2,000 miles per four weekly period thereby giving us an average per vehicle over the year of some 24,000 miles. This mileage can be considered well above normal for vehicles operating on similar work throughout the country and, for example, the figures just received from one big County Council show that an all vehicle average per annum is in the region of some 11,000 miles.

Staff.

During the year, the number of operative staff, which includes foremen, senior drivers and driver/attendants, has fluctuated between 105 and 107, the latter number being the maximum laid down in the proposals to the Minister of Health. These members are employed under the conditions of the National Joint Industrial Council and their conditions of work and employment are those laid down by the Northern Provincial Council. The arrangements are that they work an 88 hour fortnight, divided up into eleven shifts, and it is with some satisfaction that it can be reported that, during the year the relationship between the Department and the two Unions representing the staff has been most cordial.

Over and above this operative staff, there are 12 persons employed on administrative and clerical duties.

First Aid.

It has always been a condition of employment with the Service that new entrants must, within the first six months, take a course on the above subject and obtain a certificate. During the year 52 candidates took the examination and it is gratifying to report that they were all successful in obtaining the certificate.

Vaccination.

In accordance with the policy laid down on this subject, a review of all members of the staff was taken and accordingly 40 submitted themselves for re-vaccination, thus all members of the staff have been vaccinated within the last three years.

Safe Driving Awards.

There were 86 members of the staff entered in the above competition for the year 1950, and 73 awards were gained, one being for 10 years and one for 5 years accident free driving.

Sickness.

During the year, out of the total number of 235,713 hours worked 7,584 hours have been lost through sickness by the operational staff. 91 days are recorded lost for administrative and clerical workers.

Accidents.

It is satisfactory to be able to report that during the year under review the Service vehicles were only involved in 20 accidents and, of these, there were only eight that necessitated claims for damage repair, this amounting to the total sum of £73 4s. 6d.

ANALYSIS OF CASES AND JOURNEYS UNDERTAKEN BY THE AMBULANCE SERVICE DURING THE TWELVE MONTHS 1ST JANUARY—31ST DECEMBER, 1950.

Year	City.		Northumberland		Durham.		Other Authorities		Co-ordinated Cases.	Ancillary Mileage.	Gas & Air Machines Mlge.	Chargeable Mileage.	Totals.		Working Hours.
	Cases.	Mileage.	Cases.	Mileage.	Cases.	Mileage.	Cases.	Mileage.					Cases.	Mileage.	
1950	82,812	397,625	6,911	132,018	9,819	174,370	1,689	57,858	3,624	41,745	13,855	13,230	101,231	830,701	235,713
1949	56,675	283,519	6,742	119,504	10,532	173,555	263	30,439	2,729	33,531	1,401	5,201	74,212	648,140	216,086

Total No. of Patients.	ADMISSIONS.				Treatment. Cases.	Discharges.	Mental Cases.
	Emergency.	Infectious.	Maternity.	Other.			
101,231	4,683	608	1,366	7,538	55,604	31,024	408

CASES			MILEAGE			JOURNEYS		
Total.	Sitting.	Stretcher.	Total.	Sitting Car.	Ambulance.	Total.	Sitting Car.	Ambulance.
101,231	72,045	29,186	830,701	249,222	581,479	54,757	34,624	20,133


NTN 18
NVK 330


MVK 499

SECTION 28—

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Health Education.

It is not always easy to assess adequately the effect on the public of the various forms of health education employed. True, the absence of diphtheria in the City during the year is a glowing tribute to the effects of diphtheria immunisation propaganda. But do more people use a handkerchief when they cough or sneeze ? Does everybody wash his or her hands after using the toilet ? Do parents teach their children the elementary rules of health, not only by words but also by example ? The Health Department will probably never know the answers to these questions. They can only sow the seeds, using limited resources to the best advantage, and hope that the ground is not unduly stony.

Activities during the year were very largely concerned with the question of " Clean Food." Contact was established with the Regional Office of the Central Office of Information towards the end of 1949, and throughout 1950 full use was made of the services which they provide for showing films. The film " Another Case of Poisoning " was shown to the food handling staffs of several large stores and catering establishments, and was followed up with lectures and demonstrations.

The purchase of a film strip projector and screen, with suitable film strips, proved a very useful addition to our educational equipment.

Arrangements were made with the local Co-operative Society for all junior entrants to their service to receive lectures on clean food by the Deputy Medical Officer of Health. These lectures are supported by films and practical demonstrations, and now form a regular feature of their staff training scheme. It is hoped to extend this service to other firms in the near future.

The highlight of the year, however, was the Health Department exhibit at an " Ideal Homes " Exhibition which was held on the Town Moor, under canvas, in August. The lure of more or less unlimited space tempted us to stage the most ambitious exhibition ever promoted by the Department, despite the handicap of inadequate funds. The exhibit was divided into two main sections, one depicting, by tableaux, etc., some of the domiciliary services provided by the Local Health Authority, such as Health Visiting, Premature Baby

Nursing, Home Nursing, Domestic Help, etc., whilst the other illustrated the importance of cleanliness in the home, particularly in relation to food storage and handling. Bacteriological specimens and a few samples of unsound foodstuffs were included to add emphasis to the display. Several members of the staff volunteered for duty at the exhibition and gave talks at frequent intervals, whilst the film on food poisoning was shown several times daily in the adjacent Central Office of Information Cinema. The exhibition lasted two weeks and was visited by approximately 105,000 persons. The film was shown 59 times in all to audiences totalling 6,130, and over 15,000 leaflets covering a variety of subjects were distributed, whilst numerous questions and enquiries were dealt with. The photographs show the "home cleanliness" exhibits, which attracted considerable attention.

In addition to the above, posters, which were changed regularly were displayed in various parts of the City and in branches of the Co-operative Society, whilst continued use was made of the Central Council for Health Education's mobile exhibition stand.

Lectures and talks were given by members of the staff to various organisations in the City, and by the Health Visitors to mothers attending the Welfare Centres. During the year, 31 lectures and film shows were arranged, the average audience being 45.

MATERNITY AND CHILD WELFARE ALMONER'S REPORT.

The work of the Department has continued on the lines laid down in 1949. Patients were referred, from outside, by General Practitioners Hospital Almoners and other social agencies, and by Health Visitors, Home Nurses, Midwives and the Domestic Help Department from inside the Health Department. The increase in the volume of work has been mainly due to the number of old people who have been referred for material help, for permanent admission to home or hospital, or for temporary admission while their relations either rested or went on holiday. Unfortunately facilities for this type of care have not improved and arrangements have been difficult.

Patients were referred as usual for help with a wide variety of problems. The requests for material help were fewer at the beginning of the year but towards the end they increased in volume owing to the rising cost of living.


ZARD HOUSE?
NOTICES


AFTER
USING THIS
USE THIS

A student from the Social Science Department of King's College has done her final year practical work and the Student Health Visitors have each spent one day in the Department.

Invalid Loan Scheme.

The demands on this service increased rapidly during the year as its scope became known to the General Practitioners and Home Nurses. The stock has proved adequate with the exception of invalid chairs and spinal carriages. The demand was large during the Summer months and these requests were referred to the Invalid Loan Society who, although it carries a stock of 250 chairs, could not always supply immediately. The issue, recall, arranging for delivery, collection, disinfection and laundering of articles has caused an appreciable amount of extra work in the Department, and the co-operation of the Ambulance Officer and Chief Sanitary Inspector is greatly appreciated.

Number of Articles Issued During 1950.

Blankets	58	Bedsteads	15
Sheets	228	Mattresses	15
Draw sheets	45	Air Beds	18
Pillow cases	151	Feeding cups	11
Pillows	12	Bed cages	23
Bed rests	179	Invalid chairs	9
Air rings	188	Dunlopillo mattresses	14
Bed Pans	173	Towels	7
Rubber bed pans	7	Bed tables	1
Urinal (male)	57	Sorbo rings	3
Urinal (female)	6	Commodes	8
Rubber sheets	227	Back rest bedstead	1
Hot water bottles	3		

Convalescence.

No new facilities have yet been provided by the Regional Hospital Board. The Local Health Authority has maintained 215 patients in Convalescent Homes, 83 (43 in 1949) of these were referred by Hospitals and the Chest Clinic for whom it should have been possible to arrange convalescence through the Regional Hospital Board. As was foreseen the voluntary sources are rapidly drying up, as these organisations consider that convalescence should be the responsibility of the National Health Service.

The service has also been used to a greater extent for domiciliary patients and 205 (173 in 1949) have been referred to this Department

for arrangements for convalescence. 189 patients were convalesced (119 women, 35 men and 35 children), 16 were cancelled for various reasons, the most common being the increased difficulty in arranging either for young children to accompany their mother or to be cared for in a Residential Nursery. There is definite need of a convalescent home with adequate nursery accommodation. This would solve these problems and that of the mother who is unwilling to be parted from her young children yet who needs complete rest. If in this home training in child care and household duties could be provided for those mothers who, through ill health, too frequent child bearing, poor environment and other causes, are unable to cope adequately with family responsibility, the deterioration of many families into the "neglected" class might be avoided.

The table below shows the diagnoses of the adult patients :—

General and nervous debility, anæmia, loss of weight, etc..	60	Heart conditions	11
Chest complaints	28	Rheumatic complaints.....	6
Neurosis	14	Nephritis	6
Post-operative	13	Various diseases	16
		Children	35

Payment was arranged as follows :—

Local Health Authority (patient contributing according to income)	132	Regional Hospital Board	23
Grant obtained from voluntary source	23	Patient paid full cost	11

Analysis of Work.

Total number of interviews	2,354
New applicants	1,424
Home visits	732

Services—

Admission to Hospital, Home or medical treatment obtained	103	Arrangements for care of unmarried mothers	33
Help with housing and accommodation problems	40	Domestic help arranged	54
Arrangements for care of children .	121	Home Nurse Arranged	35
Employment or training	30	Voluntary Visitor	25
		Miscellaneous services and advice	1,099

Material help obtained—

Convalescence arranged	189	Financial help	58
Clothing	223	Grants for Cancer patients	8
Permanent bedding, cots, prams etc.	94		

Statutory and Voluntary Agencies Assisting.

Statutory —

National Assistance Board	133	Min. of National Insurance	11
Ministry of Labour	22	Ministry of Pensions	4

City Departments—

Health Authority (for convalescence)	132	Children's Officer	48
Education Authority	48	Social Welfare Department	26
Day Nursery Department	66	Chief Sanitary Inspector	12
Home Help Department	54	Mental Deficiency Officer	3
		Duly Authorised Officer	1

Voluntary—

Newcastle Council of Social Service	23	Moral Welfare Workers	31
Old People's Welfare Committee	25	National Society for Cancer Relief	8
Soldiers', Sailors' & Airmen's Families Association	48	John Routledge Hunter Memorial Fund	6
Women's Voluntary Service	81	British Legion	11
British Red Cross Society and Emergency Help Committee	43	National Society for the Prevention of Cruelty to Children	7
		Miscellaneous	99

Assessments.

750 assessments were made for patients' payment for Domestic Help before this work was transferred to the Domestic Help Department. 286 assessments have been made in the year for patients' payment towards their convalescence.

TUBERCULOSIS ALMONER'S REPORT.

During the year 1950 the work of the department continued along the same lines as in the past. The figures show some increase in numbers but the problems dealt with cover the usual field; the department has again been indebted to various voluntary agencies for help in meeting the patients' social difficulties.

It had been hoped that with the appointment of an assistant the work of the department might have been extended considerably but unfortunately owing to shortage of supply it has been impossible to secure additional staff.

It is reported with regret that there had been a marked falling off in the patients' interest in Art Therapy in Walker Gate Hospital though some of those discharged from hospital have continued to work at home and have been assisted by the Doctor who took so active a part in the scheme's inception.

In conclusion the report for 1949 drew attention to certain problems whose adequate solution required the establishment of new or the extension of existing services. The past year has revealed once again how great is the need for nursery accommodation so that mothers may accept treatment or convalescence when it is recommended. The problem of the homeless sputum positive patient still cries out for solution, and the question of special employment facilities have not yet been answered.

Total number of interviews	3,906
New patients seen	723
Home visits	177
Patients assisted	1,800

Some Forms of Assistance Arranged :

Clothing	439	Domestic Help	77
Extra nourishment	115	Pocket money	15
Convalescent treatment	231	Nursing comforts	170
Fares	166	District Nurse	25
Transport	36	Beds	48
Housing conditions	77	Bedding	173
Training for/or suitable work	181	Arrangements for children	103
Home visits	177		

Other Forms of Assistance included :—Transport, Home Furnishings, Priority Fuel, Invalid Chairs, Service Releases, Removal Costs, Financial Assistance, Escorts, Lodgings, Recumbent Spectacles, Furniture Storage, Rediffusion, Visitors, Shopping Service, Debt Settlement, Cot Mattresses, Food Parcels, Meals on Wheels, Home Handwork, Correspondence Course, Garden Hut, Interpreter, Solicitor, Funeral Expenses, Prams, Driving Lessons, Petrol, Night Nurse.

Agencies and Departments Assisting :

Voluntary Tuberculosis Care Council	192
Soldiers', Sailors' & Airmen's Families' Association	71
British Legion	5
Red Cross Society (all branches)	97
National Assistance Board	455
Ministry of Labour	183
Ministry of Pensions	23
Ministry of National Insurance	5
Regional Hospital Board	149
Women's Voluntary Service	121
Day Nursery Superintendent	20
Children's Officer	81
John Routledge Hunter Memorial Fund	54
Education Authority	49

Other Agencies and Departments Included :—Poor Children's Holiday Association, Invalid Loan Society, Moral Welfare Worker, Works Welfare Fund, Works Welfare Officer, Services Welfare Officer, Citizens' Advice Bureau, Newcastle Council of Social Service, Housing Improvement Trust, Parish Priest, Probation Officer, Maitland Trust, Travellers' Aid Society, Women's Welfare Clinic, Women's Land Army, National Society for Cancer Relief, Maternity & Child Welfare Department, Old People's Welfare Centre, House Agents, Infantile Paralysis League, Civil Service Sanatorium Society, Blind Welfare Department, Colonial Welfare Office, Pakistan Welfare Office, Petroleum Officer, Queen Alexandra Fund.

SECTION 29—DOMESTIC HELP SERVICE.

From the figures set out in this report it can be seen that the number of domestic helps on the staff of the department do not adequately meet the needs of the city. In fact, although the staff of workers increased from 114 at the beginning of the year to 173 at the end of the year, the demands were such that the waiting list also was longer at the end of the year.

The cases which create the difficulties are those of the aged and chronic sick. Maternity cases are treated as priorities, and all requests for home helps for this type of case were met. Priority is also given to acute illness of the mother in families with young children. Although it was possible in most cases to deal with these two groups it was often at the expense of the old people. A home help might have to be removed for a week or two from an old man or woman or a case of chronic sickness or disability which really needed continuous help.

It is these long-term cases which create the problems in the domestic help service. When once a case requires help either on account of senility or chronic sickness the need is going to continue probably until the patient dies. These are sometimes very pathetic cases and depressing for the workers, and are a great drain on the service. Although in many cases only a few hours' help a day are necessary, even in these cases it is usually necessary to give help for a certain period each day. Every effort is made to cut down to the bare minimum the hours of help allotted to each case, and this, of course, means that full-time workers must often work more than one case at a time. By arranging daily morning work in one house and afternoon work in another the burden on the workers is made as light as possible.

There is no doubt that a service can be more economically and efficiently run with a preponderance of part-time workers. A certain number of full-time workers will always be required for the maternity

cases and cases of acute illness where there are young children in the family, but the majority of the other cases require only a few hours daily. Among the senile and chronic sick, however, there is always a small number requiring, not so much full-time help as full-time supervision, and though it may seem a waste of working hours it is nevertheless necessary.

Probably no other domiciliary service brings such relief to the worried patient as the domestic help service. It is difficult to assess its true value in social medicine, but the kindly, cheerful service which is given by these good women must help in many cases, in great measure, to the speedy recovery of the patient. A mother cannot regain her normal physical health whilst subject to the mental strain of worrying about whether her husband and family are being properly fed, or if anyone is watching that little Johnnie does not fall into the fire, or run out of the front door into the busy street. It is false economy to keep down this service to such a size that it is inadequate to meet the needs of the city. If an old man or woman can remain at home cared for by a domestic help for 3-4 hours each day in surroundings in which he can be reasonably happy, surely this is preferable in every way to institutional life which he would probably hate, and the cost of which would be 2 or 3 times as great.

The workers in this service are becoming a more and more vital part of the team of social workers caring for the patient in her own home. They are doing a splendid job, and many are the letters of appreciation received in the department from grateful householders.

In these days when private help is almost impossible to get and the rising cost of living has placed it beyond the reach of most (even if procurable) there must be an adequate service of this sort to allay mental and physical strain.

Number of Workers employed in the Service :—

January, 1950.		December, 1950.	
Full-time	69	Full-time	96
Part-time	45	Part-time	77
	114		173

Cases attended during year 1950—

Maternity	485
Chronic Sick	131
Aged Chronic Sick	77
Aged	279
Short-term Illness	612
Tuberculosis	58
	1,642

SECTION 51—MENTAL HEALTH SERVICES.

1. ADMINISTRATION.

The arrangements for the administration of the Mental Health Service and the personnel employed remained the same as set out in the Annual Report for 1949 (pages 81-82), except that in respect of :—

(*a*) Constitution and Meetings of the Mental Health Sub-Committee.

The Authorised Officer in charge of the Lunacy Section also attends the meetings, and

(*b*) Number and Qualifications of Staff Employed in the Mental Health Service.

The Medical Superintendent of the Northgate and District Hospital is now the consultant in Mental Deficiency.

(*c*) Co-ordination with Regional Hospital Board and Hospital Management Committees.

The clinical adviser as an efficient link assists the close co-operation between the Local Health Authority, the hospitals, and the panel of 6 practitioners, as referred to in the Annual Report for 1949 (page 82), whilst the Authorised Officers continue to attend the St. Nicholas' Hospital, and reports and social histories are provided as before.

The contact provided by the St. Thomas' Clinic remains as last year (the particulars of the attendance of Newcastle patients being given in Part IIIA of this report), and is further increased by the new special mental deficiency clinic opened in April, 1950, in the Wharncliffe Street Maternity and Child Welfare Centre, attended by

the consultant in mental deficiency. To this clinic doubtful cases are referred as well as cases on the waiting list for urgent hospital admission where it needs to be decided to which hospital they should be admitted. Figures for attendances at this clinic are given in Part IIIB of this report.

(*d*) Duties Delegated to Voluntary Associations.

No such formal delegation is made in respect of the City Mental Health Service, but in many cases the Mental Deficiency Officer refers cases to such bodies when he thinks they may be able to help.

(*e*) Arrangements for the Training of Mental Health Workers.

No further training courses in 1950 were attended, but the association with hospital and clinic and the advice given by the consultants subserves a most important training function.

II. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(*a*) Under Section 28, National Health Service Act, 1946; Prevention, Care and After-Care.

Many cases continue to be referred to the Duly Authorised Officers in the City, and in some of these cases preventive work has been possible by arranging for early cases of mental disorder, either to attend out-patient clinics or by persuading them to go into hospital for treatment, or in a few cases to be visited at home by a psychiatrist.

Close co-operation continues between the police, the courts, probation officers, general practitioners and the mental health staffs in respect of the Criminal Justice Act and Section 8 of the Mental Deficiency Act, 1913, for those on various charges and suspected of suffering from either mental illness or mental deficiency.

The difficult problem of the aged person with mental disorder is an increasing one and the remarks made in last year's report continue to apply (page 84). The simple care and attention which is all that is required for much of the mild senile dementia occurring in old people living alone, is not always easy or possible to provide; so many are dependent only on what help the neighbours can give, and where domiciliary help is not available, the Duly Authorised Officer tends to send such cases into the Psychiatric Unit at the Newcastle General Hospital. Whilst this course, often after a few days' care and attention leads to improvement, and if there is seen to be no need for certification

and admission to a Mental Hospital, the patient is returned home, the Psychiatric Unit may thereby become congested and delay admission of younger and generally more treatable patients. Although a patient may so return home, this may not always be satisfactory, as the mental disturbance may recur, the causal factors being still present in the environment. In other cases the only means of providing care is by admission to a Mental Hospital which is adding to the already serious overcrowding which at times throughout the year permits only of admitting the extremely urgent case and has resulted in the department having a waiting list of quite a few cases.

Since June, when the Clerk to the Justices relinquished his control over the Justices of the Peace so far as their duties under the Lunacy Act were concerned, the Authorised Officers have had direct access to the Magistrates. Suitable mental cases are now able to be certified in their homes and admitted direct to the Mental Hospital. A further consequence of this change of control has been that the lunacy section by agreement with the Police have now the added duty of taking over all cases, day or night, which are found wandering by the Police.

It is customary for an officer from the lunacy section to accompany voluntary patients to hospital in cases where they have no relatives, or where relatives ask for assistance and for the Mental Health staff to advise and help anyone within the orbit of their work.

The general work of ascertainment, visiting, advising and supervising, etc., the mental defective in the home, and his placing there, and the elimination of unsatisfactory features where possible in the environment, is preventive as far as this type of work permits, whilst care and after-care is effected largely by the visiting of cases as far as possible according to their need and by the help which the Sub-Committee can give to certain cases. In this connection it was found possible in the year, to admit 4 juvenile females to appropriate wards for short periods in order to give certain mothers more respite from the strain of caring for their defective offspring. Reference is made elsewhere as to the provision of an occupation centre.

(*b*) Under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers.

The information given in the first four paragraphs under this heading in last year's report (pages 84 and 85) referring to care and after-care, co-operation, practical advice and assistance provided, as well as the attention given to the important work of follow up of cases discharged from hospital, continues to apply.

The difficulties in obtaining hospital accommodation for mental defectives and persons of unsound mind even for difficult or urgent or court cases, in view of the long waiting list, seriously affects the care and after-care of these groups. The Regional Hospital Board, although aware of this position, has been kept informed of the great anxiety of this authority concerning the effects of the delays imposed and is endeavouring to minimise the serious lag in admission of patients, but results are slow.

The Domestic Help and Welfare Departments have been able to assist several households having cases of mental deficiency and mental illness, and the City Ambulance Service has been of great service in the removal of such cases to and from hospital.

The following particulars show the number of cases dealt with by the Duly Authorised Officers and the Police, etc., with their category and manner of disposal together with other visits made by the Duly Authorised Officers.

Analysis of the 819 Admissions to Mental Hospital or Clinics.

(Figures for 1949 are given in brackets.)

	Psychiatric Unit.	St. Nicholas Hospital.	Other Hospitals.	Totals.
Under Section 20—				
(a) by Duly Authorized Officers	485 (432)	72 (9)	1 (0)	558 (441)
(b) by the Police	7 (18)	.. (..)	.. (..)	7 (18)
Under Section 21—				
on Magistrate's Order.....	8 (0)	.. (..)	.. (..)	8 (0)
Certified at home before admission	.. (..)	14 (0)	2 (0)	16 (0)
Under Criminal Justice Act, 1948—				
Certified	.. (..)	4 (3)	.. (..)	4 (3)
Voluntary	.. (..)	5	.. (..)	5
Voluntary cases	.. (..)	221 (185)	.. (..)	221 (185)
Totals :	500 (450)	316 (197)	3 (0)	819 (647)

The increase in total admissions as given above represents an increase of 26·5 per cent. over those for 1949.

The 316 admissions to the St. Nicholas Hospital (formerly the City Mental Hospital) were an increase of 40 per cent. over the number last year due to the hospital being redesignated in 1949. The increase is eight fold in respect of Section 20 cases from the Duly Authorised Officers and 16 per cent. for Voluntary cases, all of which latter category were admitted to this hospital.

The Psychiatric Unit at the Newcastle General Hospital (formerly the Observation Ward) received 500 cases in the year or 61 per cent. of all hospital admissions, and 97 per cent. of which were Section 20 cases deriving from the Duly Authorised Officers.

Summary of Disposal of Hospital Cases in 1950.

(Corresponding totals for 1949 are given in brackets.)

	Psychiatric Unit.		St. Nicholas Hospital.		Totals.	
To Mental Hospital—						
(a) Certified cases removed	83	(139)	..	(3)	83	(142)
(b) Transfers from Section 20 to Voluntary class	27	(45)	45	(5)	72	(50)
(c) Transfers from Section 20 to temporary class	2	(5)	..	(1)	2	(6)
Totals ..	112	(189)	45	(9)	157	(198)

To Home or Otherwise—

(*a*) Home—(197 from Psychiatric Unit)	199	(132)
(*b*) Died in the Psychiatric Unit	35	(31)
(*c*) Discharges from Section 20 to General wards—		
Newcastle General Hospital	131	(85)
Royal Victoria Infirmary	2	(1)
Shotley Bridge Hospital	1	(0)
Proctor Memorial Hospital	1	(0)
Elswick Grange	1	(7)
to the Police	1	(2)
Northumberland Welfare Committee	1	(0)
(*d*) Discharges from St. Nicholas' Hospital	330	(285)
(*e*) Deaths at St. Nicholas' Hospital	86	(87)
Total	788	(630)

The Duly Authorised Officers dealt with 558 cases under Section 20, an increase of 26·5 per cent. over last year, about half of which were removed after ordinary hours to hospital, together with 8 cases under Section 21 (magistrates' order), giving a total of 582 cases under order. The 107 certifications made in hospital (87 in 1949) of which 83 were in Psychiatric Unit and 24 in St. Nicholas Hospital represent a 23 per cent. increase over those for 1949.

Particulars of Other Work.

In addition to the above, a considerable number of after-care, welfare investigations and other visits were made, not only in connection with City cases, but also on behalf of other Local Authorities, whilst 26 removals to hospitals outside the Newcastle area were effected, compared with 22 in 1949.

(*c*) Under the Mental Deficiency Acts, 1913-1938.

(i) Ascertainment, Including the Number of Defectives Awaiting Vacancies in Institutions at the end of the year. (Figures in brackers refer to 1949.).

	Males.	*Females.*	*Total.*
Number of cases awaiting vacancies in institutions	31 (24)	38 (29)	69 (53)
Number of cases removed to hospital	15 (22)	17 (18)	32 (40)
Total number of cases ascertained	49 (38)	40 (35)	89 (73)
Total number of cases reported	66 (46)	55 (46)	121 (92)

Percentage of ascertained to reported cases—73·5 per cent. (80 per cent.).

It is the duty of the Local Authority under the National Health Service Act, 1946, to ascertain mental defectives in its area. During 1950, extra attention has continued to be given in connection with the ascertainment of mental defectives, particularly by the School Health Service and by Health Visitors. Apart from Local Authority sources, information is given by the Police and other public sources as well as by parents themselves, many of whom have formed a local group known as the Association of Parents of Backward Children, to whom lectures and advice has been given by members of the Health Department. As a result, throughout the year, a record total of 100 new cases were reported to the Mental Deficiency Officer and comparison with the totals for the previous three years (92 in 1949, 57 in 1948 and 48 in 1947) shows a steady increase in the reporting of such cases, and in the work of the Mental Deficiency Section.

Nevertheless, despite efforts to ascertain all defectives in the City, there are still many not known to the Mental Deficiency Officer. This is particularly so in respect of high grade defectives who very often are not recognised or brought to the notice of the Local Health Authority until some offence is committed.

This increased ascertainment has added to the waiting list caused by the serious countrywide shortage of accommodation for the admission

of cases to Mental Deficiency Hospitals in which at present 512 City cases are accommodated. Every effort is made to find beds for such cases, but at times this is not immediately possible, even for court cases, and the attention of the Regional Hospital Board has been officially drawn to this serious matter. At the end of the year there was a waiting list of 69 for hospital admission, which is an increase of 30 per cent. over the figure of 53 for 1949.

The source of cases reported to the Mental Deficiency Section in 1950 is set out below (by size of totals which are also percentage totals) :—

	M.	F.	Total.
City Education Department	16	22	38
Mental Hospital (St. Nicholas)	17	1	18
Health Department (Health Visitors)	5	2	11
Health Department (Mental Health Staff)	2	2	
Social workers	3	5	8
Probation Service	5	2	7
General Medical Practitioners	2	4	6
Courts	3	1	4
Parents	2	1	3
Police	—	2	2
National Assistance Board	—	2	2
Board of Control	—	1	1
Totals	55	45	100

The figures given below for disposal of these cases are also percentages :—

	M.	F.	Total.
To hospitals	19	6	25
Places under Statutory Supervision	28	34	62
Found not to be defective	8	5	13

(ii) Guardianship and Supervision.

In addition to ascertainments, visiting of established cases under Statutory Supervision and Guardianship is carried out by the staff of the Mental Deficiency Section, assisted by the staff (as required) of the Lunacy Section. All new cases reported to the Section are visited by the Mental Deficiency Officer, friendly relations being established both with the defective and his family from the outset. A case history and a report on the home conditions is obtained, and these, together with a Medical Report, are submitted to the Mental Cases Sub-Committee.

for consideration as to the ultimate disposal of the case, and summaries on the agenda use reference numbers and not names and addresses, to prevent identification beyond the Committee.

The Mental Deficiency Officer carries out administrative duties and works directly under the Medical Officer of Health. He also co-operates with the general practitioners, the various staffs of hospitals, institutional and psychiatric clinics, Magistrates' Courts, Courts of Session and Assize, and Probation Officers, and has given talks to public groups throughout the year. He is authorised as well as his assistant mental health worker to present petitions and take a person to a place of safety where necessary.

Particulars of Visiting and Reporting on Defectives under Local Authority Supervision.

(Figures in brackets refer to 1949.)

	Male.	*Females.*	*Total.*
Total cases under Statutory Supervision	222 (193)	257 (183)	479 (376)
Total cases under Guardianship	3 (3)	3 (5)	6 (8)
Cases placed under Statutory Supervision....	27 (26)	34 (29)	61 (55)
Cases placed under Guardianship	— (1)	— (2)	— (3)
Number of Statutory Visits paid.....	268 (192)	329 (268)	597 (460)
Number of Home Reports made	68 (60)	59 (43)	127 (103)
Number of petitions presented	15 (—)	17 (—)	32 (43)
City patients under tuition at home	— (—)	— (—)	— (1)
City cases in Mental Deficiency Hospitals	292 (—)	220 (—)	512 (506)
City cases in places of safety	1 (—)	— (—)	1 (—)
Number of defectives changed from—			
(*a*) Guardianship to Statutory Supervision .	.. (21)	.. (10)	.. (31)*
(*b*) Statutory Supervision to Guardianship .	.. (—)	.. (—)	.. (—)
(*c*) Institutional care to Guardianship	.. (1)	.. (—)	.. (1)
(*d*) Guardianship to Institution	.. (1)	.. (—)	.. (1)

The high total for 1949 was due to Ministry of Health Circular 117/48, permitting grants to be made from National Assistance to those under statutory Supervision.

(ii) Training.

It is hoped to begin work in the near future on the conversion of centrally situated premises to provide an Occupation Centre for the training of mental defectives, and every effort is being and will be made to get it operating at the earliest moment.

III. OUT-PATIENTS' CLINICS.

(i) St. Thomas' Psychiatric Clinic.

This clinic, opened in August, 1949, serves St. Nicholas' Hospital, Gosforth, St. George's Hospital, Morpeth, and St. Mary's Hospital, Stannington.

Attendances.	1950.	1949. (part year.)
New Patients (Newcastle only).....	652	157
Total Patients	1047	190

Source of the 652 City patients (with % of total).	1950.	%	1949. (part year.)	%
Own doctor	462	70·8	109	69·4
Probation Officers	64	9·8	29	18·5
City Education Department	60	9·2	10	6·4
Ministry of Labour	33	4·9	5	3·2
Ministry of Pensions	10	1·5	..	..
Duly Authorised Officers	8	1·2	3	1·9
Marriage Guidance Council	8	1·2	..	..
National Association for Mental Health.....	7	1·1	1	0·6

(ii) Special Mental Deficiency Clinic—Wharncliffe Street.

Source of persons referred (April—December).	Males.	Females.	Total.
Newcastle Mental Deficiency Sections.....	7	13	20
Northumberland Local Health Authority..	2	1	3
Department of Psychological Medicine ...	2	..	2
General Practitioners	1	..	1
Clinic Consultant in Mental Deficiency....	..	1	1
Probation Service	1	..	1
Totals	13	15	28

NATIONAL ASSISTANCE ACT, 1948—SECTION 47.

Removal to suitable premises of Persons in need of Care and Attention.

It was necessary to exercise the powers granted by the above Act and Section in one instance during the year. This was in respect of a spinster aged 73 living in one room. She was a registered blind person, an habitual drunkard, extremely dirty in her habits, and her room was in a filthy condition. Repeated attempts were made, without avail, to get her cleaned up, as she continued to neglect herself and her room, and she refused to go voluntarily into hospital. An Order was granted for her removal to Elswick Grange for a period of 3 months. She elected to stay in the institution when this period expired and she was still there at the end of the year.

PREVALENCE, PREVENTION AND CONTROL.

III—INFECTIOUS DISEASE

FEVERS, FOOD POISONING
DISINFECTION, etc.

THE PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

There were 7,613 (7,328*) notified cases of infectious disease during 1950 showing a heavy incidence of measles and chicken pox, an increased amount of whooping cough and the largest number of cases of poliomyelitis so far. Of this total 347 (347) or 4·6 per cent. went to hospital, the great majority going to Walkergate Hospital where they formed rather more than 50 per cent. of the 548 admissions notifiable and otherwise (see page 101) and of which latter total 1 per cent. were classed as healthy, less than 2 per cent. as having no abnormality found, whilst 11 per cent. (49 cases) remained unclassified.

412 cases of pneumonia formed only 5·4 per cent. of all reported notifiable infectious diseases in the year, but this condition causing 168 (or 87·5 per cent.) of the 192 (248) deaths occurring from notifiable infectious disease, proved to be the largest single cause of death.

Diarrhœa (not notifiable) came second as a cause of death with 17 (50) deaths, of which 9 (35) were under 2 years, this latter figure even exceeding the 7 (3) deaths occurring amongst the 1,417 (688) notified cases of whooping cough, which amongst the common notifiable infectious diseases has now the highest mortality. It is some consolation to add that the total of 17 known deaths from diarrhœa is the lowest recorded and has been falling in recent years, due no doubt, to an improved environment and not least to the instruction given to mothers both in the welfare and the home. Table B gives particulars of deaths occurring and Table C of some by wards. As in 1949, mild sonne dysentery occurred in the Municipal Day Nurseries referred to later under the heading " Dysentery."

Perusal of the table giving attack and death rates for certain infectious diseases will show how great an achievement is the recent elimination of diphtheria formerly such a killing disease. Fifteen years ago there were 693 cases causing 35 deaths and a case mortality of 5·1 per cent. It now seems incredible that there have been no deaths in the last 3 years and no cases since 1948 when only 8 occurred ; but this is the reward for efforts by doctors and nurses and the response made by parents. To maintain this happy state of affairs, immunisation must be continued and there must be no relaxation in efforts to ensure a high proportion of immunised children. Vaccination for smallpox is also an invaluable preventive method and neither for the same reason must vaccination in infancy be neglected.

* Figures in parenthesis refer to 1949.

The routine visiting of cases of notifiable disease (and if necessary or if requested of non-notifiable infectious disease) is carried out almost entirely by Health Visitors and special Sanitary Inspectors. The occasion of the visit is used to make brief mention in the home as to causation, infectivity, prevention, disinfection, etc., since as prevention can be so important in the reduction of infectious disease especially by personal action, this facet of the general work of the department in health education is felt likely to be one productive of immediate results. In addition, visiting helps in the general duty of the care of the patient. Health Visitors visit up to recovery all notified cases of whooping cough, measles, pneumonia, poliomyelitis and rubella. Cases of puerperal fever, ophthalmia neonatorum and pemphigus are similarly visited by the non-medical Supervisor of Midwives or her deputy, her advice as to the nursing and isolation of the patient and the supervision of the case being especially valuable in the few cases where a doctor is not also in attendance.

Requisite surveillance was made, inclusive of cases notified to the Health Department, in respect of 8 contacts of enteric fever, 15 of smallpox, 111of poliomyelitis, 3 of food poisoning and 9 persons who had passed through a typhus infected area.

There were no school closures in 1950 on account of infectious disease.

Cerebro Spinal Fever.

There were 10 (8) notified cases with 4 (3) deaths. The cases were spread over the first eight months rather than the first six months as in 1949. All the cases went to hospital.

Chicken Pox.

The 1,108 (2,176) notified cases showed a lesser prevalence than 1949. There were 41 cases over school age, all but 9 cases were treated at home and none died. The main incidence, spread over the first eight months with the maximal weekly total of 119 cases at the end of May, was almost subsided when a lesser recurrence reached a peak of 86 cases one week in early December. The preceding year showed a corresponding double rise, the peaks of which were two weeks apart, the second being much smaller. As in 1949 no week was free from notified cases.

Dysentery.

Of 346 (118) notified cases, 39 (14) formed the fifth largest group admitted to hospital. There were no deaths and all cases were mild and sonne in type. The incidence over the years 1945-1950 was 350, 173, 14, 25, 118, 346, respectively, and shows a marked fluctuation. There were 97 cases (28 per cent. of the total notifications) in the 8 Municipal Day Nurseries in 5 of which only a few cases occurred whilst in the other 3, cases ranged between 22 and 34. All of these were mild, and in consequence it is often difficult with routine stool testing to decide whether a child is a mild or missed case, or a carrier. Although hygiene is supervised and the treatment given, the congregation of young children in such as a day nursery, makes the prevention of spread almost impossible in view of the infectivity and mildness of the condition.

Apart from any question as to whether stool samples should be examined bacteriologically in all suggestive cases, it would be impracticable to examine large numbers at present. Attempts to trace the train of infection therefore beyond a certain limit are understandably discouraging if indeed justifiable in view of the cost and time, and the mild character of the infection. The practice of a higher standard of personal hygiene would be the most direct way to reduce incidence as the essence of prevention lies in the hands of the individual. This applies equally to the non-notifiable diarrhœas referred to as a cause of death in the section's introductory remarks and emphasis has been given in health education work to the prevention of the spread of bowel infections generally.

Action was taken under the Infectious Diseases Regulations 1927 to enable the temporary withdrawal from work of a dysentery carrier who in the course of routine visiting was found employed in a local bakery. Except for an increase of cases around November, most fell roughly in the first half of the year (with a peak in early March), as a continuation of a sudden jump in cases in December 1949, in the last week of which a brief peak of 68 cases occurred.

Enteric Fever.

Of 4 suspected cases notified only 1 (2) was confirmed.

Erysipelas.

Of 57 (76) notified cases which mainly occurred in the first five months of the year, 6 (16) went to hospital, and there were no deaths.

Food Poisoning.

Of 36 (27) notified cases, 31 were due to Salmonella infections, the other 5 not being proved bacteriologically. Most of the cases occurred in the 3rd quarter (as in 1949) with odd cases occurring in earlier months. In one household where 4 members were affected, the cause was attributed to fried duck eggs. The only fatal case was a child of nine months presumed to have been infected from a Salmonella carrier in the family who being employed in a cafe kitchen accepted advice to receive medical treatment and to cease work until found free from infection. The subject of food hygiene and food poisoning has been given special attention during the year in lectures and film shows to various groups inclusive of food handlers.

Influenza and Pneumonia.

These diseases accounted for 44 and 168 (248) deaths respectively, a total of 212 (269). Remarks drawing attention to the relative importance of these deaths are made already in the opening remarks to this section.

Total deaths by age groups.

	0–5.	5–15.	15–25.	25–45.	45–65.	65+	Total.
1950....	19	2	2	15	48	126	212
1949....	39	1	2	6	55	166	269
1948....	35	2	1	4	26	67	135

The above shows that 19 (39) or 9 per cent. (14·5 per cent.) of deaths occurred under 5 years and considering the increased incidence of measles and whooping cough with the peak of each only separated by a month (although occurring mid year in the better weather), this figure, less than half of that for last year, might well have been higher.

Of 412 (496) notified cases of pneumonia including influenzal pneumonia (for age and ward distribution see Tables A and B), 372 (431) or 90·3 per cent. (86·9 per cent.) were visited by Health Visitors and were divisible as :—

332(364) cases of primary pneumonia, or 89·3 (84·5)%

34(47) cases of influenzal pneumonia, or 9·1 (10·9)%

6(20) cases of pneumonia following other diseases, or 1·6 (4·6)%

The age distribution of these visited cases was :—

	0–1.	1–5.	5–15.	15–25.	25–45.	45–65.	Over 65.
1950....	30	66	48	31	57	85	53
1949....	66	98	53	25	62	84	43
1948....	77	107	61	18	52	56	38

26 (25) or 6·9 (5·8) per cent. of all deaths from this cause occurred amongst the visited cases.

The apparent discrepancy that there were 132 deaths in the remaining 40 cases not so visited is explained by the fact that pneumonia is ascertained from death certificates as well as from notification and must be occurring more often than notification indicates.

Most cases occurred early and late in the year although cases occurred almost every week. 21 (31) cases occurred in 1-roomed, 64 (98) in 2-roomed, 83 (101) in 3-roomed dwellings and 204 in dwellings with more than 3 rooms. A previous history of the following was ascertained in 208 (534) cases :—

Frequent winter coughs and colds	106 (218)	Whooping cough	18 (95)
Measles	43 (149)	Influenza	16 (12)
Pneumonia	23 (55)	Tuberculosis	2 (5)

Measles and Rubella.

2,919 (4,425) cases including 364 (1,010) of rubella were notified of which 24 cases (measles) formed the 7th largest group admitted to hospital. The source of notifications was :—

Medical Practitioners..... 2775 (3910)—95% of total.

Health Visitors ..... 144 (575)—5% of total.

Health Visitors paid visits to 96·4 per cent. (92.92 per cent.) of 2,397 (3,026) households in which 2,813 (4,112) notified cases occurred in the following age groups :—

	0–1	1–2	2–3	3–4	4–5	5–6	over 6	Total.
1950....	168	353	456	501	423	551	361	2813
1949....	214	489	662	540	543	813	851	4112
1948....	209	572	569	503	528	748	488	3617

Apart from 11 (12) cases in institutions, 95 (301) of the 106 (312) cases not visited were in homes felt to be satisfactory. The Health Visitor notifies further cases of measles in a family which she comes across. A doctor was in attendance in 94·9 per cent. of cases (95·06 per cent.) and in 96·6 per cent. (96·12 per cent.) the disease ran a normal course with bronchitis, pneumonia and other complications occurring in the remainder.

The highest weekly peak of 165 cases of measles preceded that for pertussis by a month, but the incidence was less with a briefer peak than in 1949. Cases of rubella were not excessive being well spread out except for an odd week at the end of the year.

Ophthalmia Neonatorum.

No cases were reported for the first time on record.

Poliomyelitis.

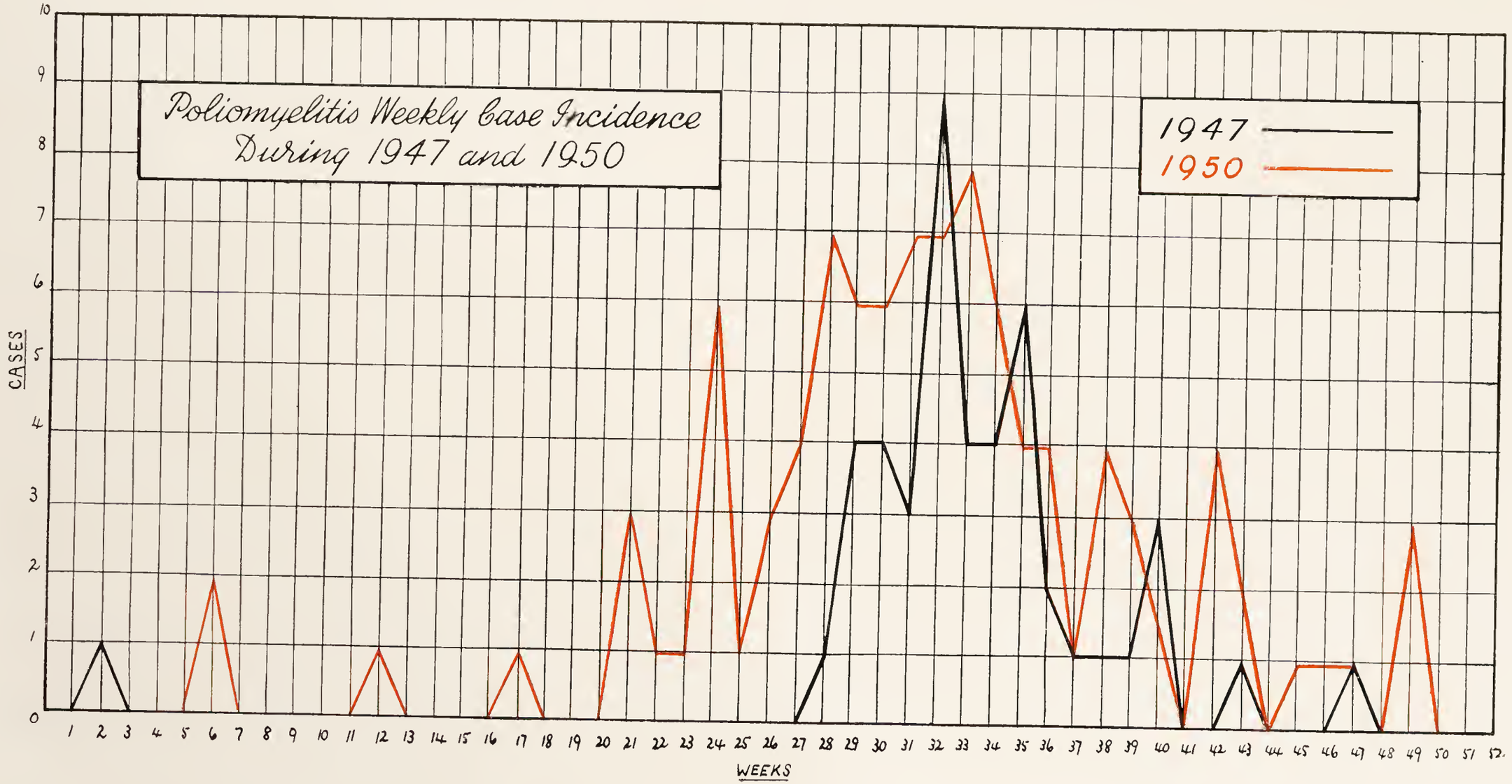
The largest outbreak of poliomyelitis then to date, in 1947, with 46 cases and 3 deaths (all under 15 years), was followed in 1950 by a further one over twice as large with a total of 100 cases of which 72 (72 per cent.) were classed as " paralytic." The 81 cases admitted to hospital formed easily the largest single group and were 23 per cent. of all admissions of notifiable diseases. There were 5 deaths (all under 10 years), one being the only case of polioencephalitis in the series.

The incidence of cases and deaths from 1941-50 is as follows :—

	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941
Cases	100	7	6	46	3	1	1	1	0	5
Deaths	5	1	0	3	3	0	1	0	1	0

The ages of incidence with deaths (brackets) from poliomyelitis in 1950 and 1947 given below show 47 per cent. of cases under 5 years, 34 per cent. between 5 and 15 years, and 19 per cent. 15 years and over :—

	0–1	1–2	2–3	3–4	4–5	5–10	10–15	15–25	25–45	Total.
1950	4	11(2)	13	8(1)	11	22(2)	12	8	11	100(5)
1947	3	8(2)	7	3	7	5(1)	5	6	2	46(3)


Poliomyelitis Weekly Case Incidence
During 1947 and 1950
1947
1950
CASES
0 1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52
WEEKS

The outbreak in 1950 which started in May (20th week) continued till October after which several cases occurred into December, this tailing off trend being seen in the national figures. The peak of 8 cases in a week was reached 13 weeks from the onset and was positioned at the end of the crest, which lasted 5 weeks. Odd scattered cases, roughly one per month back to the summer of 1949, preceded the outbreak, the worst weeks of which occurred about a month earlier than the highest national weekly total.

The 1947 outbreak preceded by only one case in the January, began more suddenly 8 weeks later in the year although receding at about the same time as the 1950 outbreak, with odd cases appearing till the end of November. The weekly totals fluctuated more at the height of the 1947 outbreak than was so in 1950, as will be seen by reference to the graph.

The distribution of cases in 1950 over the various wards was not such as to merit comment except to say that only one ward escaped compared with 3 in 1947, the wards with the most cases being Kenton and Jesmond with 8 each, whilst in 1947 Walkergate and Walker, with 5 and 7 cases respectively, were the highest. The total number of contacts under surveillance was 111.

Puerperal Pyrexia.

There were 49 (52) cases of which 42 (30) went to hospital and 2 (0) died. (See report of Child Welfare Medical Officer, page 000.)

Scarlet Fever.

There were 397 (346) cases notified throughout the year being most numerous in the Autumn. Although the percentage of admissions to hospital has fallen from 88 per cent. in 1945 to 12·6 per cent. in 1950, the 50 (111) cases going to hospital formed the second largest group admitted, being just in excess of those for pneumonia and influenza. Routine admission to hospital is not now recommended in view of the present mildness of the disease apart from the risk of ward cross infection, and as modified home isolation and care suffices for most cases except those needing admission because of (a) acute illness, (b) complications or (c) social conditions. The following shows the falling rate of admission to hospital for this disease :—

	1950	1949	1948	1947	1946	1945
Notified cases	397	346	442	310	408	546
% going to hospital	12·6	32	40	60	80	88

No significant rise in further cases has occurred at home.

	1 case.	2 cases.	3 cases.	4 cases.	Notified cases.
1950	348	21	1	—	397
1949	304	15	—	—	346
1948	401	16	1	—	442
1947	273	14	3	—	310
1946	349	21	1	—	408

Whooping Cough.

1,417 (688) cases were notified, of which 37 (34) formed the 6th largest group admitted to hospital. There were 7 (3) deaths, 6 being under 1 year and 1 under 5 years of age. The incidence of notified cases and deaths over the last decade since 1941 when this infection became notifiable is given below :—

	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941
Cases ...	1417	688	958	972	1080	408	641	1028	341	1564
Deaths ..	7	3	3	11	14	4	8	13	5	29

This shows that the incidence for 1950 was exceeded in 1941 but has produced proportionately 4 times fewer deaths bearing in mind the particularly heavy winter 10 years ago, and also recent improvements in treatment. The least case mortality over this decade was in 1948 and it has been much less in the last 3 years, now being 0·5 per cent. compared with about 2 per cent. in 1941. The danger which this disease holds for the young child is clearly shown by the fact that all the 97 deaths since 1941 have been under 5 years of age.

WORK OF INFECTIOUS DISEASE INSPECTORS.

	Notifiable Infectious Disease.	Non-Notifiable Infectious Disease.	Tuberculous Patients.	Totals.
Domiciliary visits ...	1,539 (1,940)	754(257)	933 (942)	3,226 (3,139)
Revisits	1,437 (438)	....	....	1,437 (438)
Disinfections carried out	536 (697)	208 (122)	503 (862)	1,247 (1,681)
Specimens (Stools, etc.) collected	401 (244)	....	....	401 (244)

Revisiting of notifiable infectious disease increased per patient by nearly 3 times.

Non-notifiable diseases received about 50 per cent. of the visits paid to those notifiable.

Summary of Newcastle Cases admitted to Walkergate Hospital during 1950.

Disease.	*No. of Cases.*	*No. of Deaths.*	*Disease.*	*No. of Cases.*	*No. of Deaths.*
Diphtheria	..	..	Alimentary Diseases	10	1
Dysentery	39	2	Blood Diseases	4	1
Enteric Fever	1	..	Cardiovascular Diseases	6	3
Erysipelas	9	..	Genito Urinary Diseases	4	1
Gastro Enteritis	24	1	Respiratory Diseases	50	..
Influenza	7	..	Sepsis and Skin	27	2
Measles	23	..	Meningitis & Encephalitis	11	2
Meningococcal Infections	4	1	Nasopharyngeal Infection	4	..
Mumps	..	..	New Growths	3	1
Pertussis	37	2	Rheumatism	5	..
Pneumonia	48	3	Tonsillitis, etc.	35	..
Poliomyelitis	57	4	Tuberculosis Pulmonary	6	..
Puerperal Fever	1	..	Tuberculosis Meningeal	10	..
Rubella	1	..	Tuberculosis Other	2	..
Salmonella Infections	9	1	Healthy Persons	4	..
Scarlet Fever	34	..	Nothing Abnormal discovered	8	..
Varicella	8	..	Unclassified	49	4*
Glandular Fever	8	..			
			TOTALS	548	29

*The 4 "unclassified" deaths were due to :—

Convulsions and Cerebral Agenesis.

Cystinosis.

Cerebral malaria.

Intra cranial hæmorrhage after injury.

TABLE A.

CONFIRMED CASES OF NOTIFIABLE INFECTIOUS DISEASE AND DEATHS.

EXCLUSIVE OF TUBERCULOSIS.

AGES OF CASES OF INFECTIOUS DISEASE NOTIFIED AND DEATHS REGISTERED DURING THE YEAR 1950.

NOTIFIABLE DISEASE.	AT AGES—YEARS.																NET TOTAL.				Cases admitted to Hospital.
	Under 1.		1 and under 5.		5 and under 15.		15 and under 25.		25 and under 45.		45 and under 65.		65 and upwards.		Ages not known.		1950.		1949.		
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	1950
Diphtheria (including Membraneous Group)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	2	..	..	..	12	..	25	..	18	..	..	..	57	..	76	..	6
Scarlet Fever	..	..	132	..	242	..	14	..	8	..	1	..	..	..	..	..	397	..	346	..	50
Enteric Fever	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	1
Cerebro-spinal Fever	5	2	4	2	..	..	..	..	..	..	1	..	..	..	..	..	10	4	8	3	10
Acute Poliomyelitis and Acute Polioencephalitis	4	..	43	3	34	2	8	..	11	..	..	..	..	..	..	..	100	5	7	..	81
Encephalitis Lethargica	..	..	..	..	..	..	..	..	..	1	..	2	..	1	..	..	..	4*	..	9	1
Puerperal Pyrexia	..	..	..	..	..	..	24	..	25	2	..	..	..	..	..	..	49	2	52	..	42
Ophthalmia Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..
Pneumonia	34	15	71	1	53	..	34	..	61	12	93	39	61	101	5	..	412	168	496	248	48
Malaria	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..
Dysentery	15	..	208	..	65	..	18	..	23	..	11	..	6	1	..	..	346	1	118	..	39
Measles and Rubella	172	1	1785	..	929	..	19	..	6	..	2	..	..	..	6	..	2919	1	4425	..	24
Chickenpox	54	..	544	..	1265	..	21	..	19	..	1	..	..	..	..	..	1904	..	1108	..	8
Whooping Cough	161	6	896	1	347	..	..	..	4	..	4	..	..	..	5	..	1417	7	688	3	37
	445	24	3683	7	2937	2	138	..	170	15	139	41	85	103	16	..	7613	192	7328	263	347

*Includes 4 old cases.

Attack Rates and Death Rates for certain Infectious Diseases since 1920.

Year.	Diarrhoea and Enteritis. (All Ages).		Enteric Fever.					Diphtheria.					Scarlet Fever.					Erysipelas.					Measles and Rubella.			Whooping Cough.	
	Number of Deaths	Death Rate per 1,000 Population.	Cases Notified.	Number of Deaths.	Case Mortality per cent.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	Cases Notified.	Number of Deaths.	Case Mortality per cent.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	Cases Notified.	Number of Deaths.	Case Mortality per cent.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	Cases Notified.	Number of Deaths.	Case Mortality per cent.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Number of Deaths.	Death Rate per 1,000 Population.
1920	131	0.46	10	2	10.0	0.00	0.03	348	24	6.9	0.08	1.22	1,282	20	1.6	0.07	4.5	246	6	2.4	0.02	0.86	2,727	42	0.15	45	0.16
1921	159	0.57	7	5	71.4	0.02	0.02	353	22	6.2	0.08	1.27	1,413	12	0.8	0.04	5.1	160	7	4.4	0.02	0.57	3,762	97	0.35	58	0.21
1922	73	0.26	19	5	21.1	0.02	0.07	254	15	5.9	0.05	0.90	663	7	1.1	0.02	2.3	159	4	2.5	0.01	0.56	542	9	0.03	36	0.13
1923	102	0.36	7	1	14.3	0.00	0.02	200	10	5.0	0.04	0.70	492	5	1.0	0.02	1.7	131	6	4.6	0.02	0.46	6,875	152	0.54	78	0.27
1924	81	0.28	28	3	10.7	0.01	0.10	256	17	6.6	0.06	0.89	805	4	0.5	0.01	2.8	152	3	2.0	0.01	0.53	3,504	61	0.21	29	0.10
1925	86	0.30	15	3	20.0	0.01	0.05	187	7	3.7	0.02	0.65	1,196	14	1.2	0.05	4.2	193	5	2.6	0.02	0.67	6,030	114	0.40	76	0.27
1926	121	0.42	14	2	14.3	0.01	0.05	202	17	8.4	0.06	0.71	987	14	1.4	0.05	3.5	172	5	2.9	0.02	0.60	4,242	42	0.15	49	0.17
1927	71	0.25	10	..	..	..	0.03	225	16	7.1	0.05	0.78	867	6	0.7	0.02	3.0	212	12	5.7	0.04	0.73	3,077	32	0.11	20	0.07
1928	116	0.41	22	5	22.7	0.02	0.08	262	8	3.1	0.03	0.93	506	2	0.4	0.01	1.8	234	19	8.1	0.07	0.83	4,160	56	0.20	50	0.18
1929	93	0.33	19	4	21.1	0.01	0.07	259	14	5.4	0.05	0.91	584	5	0.9	0.02	2.1	220	11	5.0	0.04	0.78	3,855	74	0.26	27	0.09
1930	70	0.25	43	5	11.6	0.02	0.15	200	4	2.0	0.01	0.71	634	4	0.6	0.01	2.2	208	12	5.8	0.04	0.73	1,954	17	0.06	29	0.10
1931	57	0.20	13	1	7.7	0.00	0.05	115	6	5.2	0.02	0.40	1,074	6	0.6	0.02	3.8	218	11	5.0	0.04	0.77	5,952	125	0.44	55	0.19
1932	61	0.21	26	2	7.7	0.00	0.09	136	5	3.7	0.02	0.48	1,164	7	0.6	0.02	4.1	205	13	6.4	0.05	0.72	2,384	19	0.07	30	0.11
1933	81	0.28	8	3	37.5	0.01	0.03	93	9	9.7	0.03	0.32	2,034	18	0.9	0.06	7.1	264	12	4.5	0.04	0.92	4,080	37	0.13	25	0.09
1934	67	0.23	14	1	7.1	0.00	0.05	393	22	5.6	0.08	1.37	1,727	22	1.3	0.08	6.0	240	16	6.7	0.06	0.84	8,644	80	0.28	16	0.06
1935	81	0.28	7	..	..	..	0.02	675	35	5.2	0.12	2.32	1,282	3	0.2	0.01	4.4	239	15	6.3	0.05	0.82	3,341	18	0.06	22	0.08
1936	126	0.43	8	2	25.0	0.01	0.03	693	35	5.1	0.12	2.38	937	8	0.8	0.03	3.2	176	12	6.8	0.04	0.61	4,022	17	0.06	7	0.02
1937	94	0.32	10	..	..	..	0.03	475	23	4.8	0.08	1.64	843	1	0.1	0.00	2.9	167	8	4.8	0.03	0.57	1,862	14	0.05	25	0.09
1938	68	0.23	13	1	7.7	0.00	0.04	415	23	5.5	0.08	1.42	704	..	..	..	2.4	189	1	0.5	0.00	0.65	4,525	21	0.07	3	0.01
1939	49	0.17	4	..	..	..	0.01	243	10	4.1	0.03	0.86	374	..	..	..	1.3	144	3	2.1	0.01	0.51	466	2	0.01	10	0.03
1940	32	0.12	11	1	9.1	0.00	0.04	155	9	5.8	0.03	0.60	148	..	..	..	0.6	128	2	1.6	0.01	0.50	4,649	10	0.04	7	0.03
1941	36	0.14	31	..	..	..	0.12	344	19	5.5	0.07	1.35	270	..	..	..	1.0	98	..	..	..	0.38	2,947	6	0.02	29	0.11
1942	41	0.16	2	..	..	..	0.01	598	47	7.8	0.18	2.35	871	1	0.1	0.00	3.4	141	4	2.8	0.01	0.55	7,044	9	0.03	5	0.02
1943	49	0.19	3	..	..	..	0.01	320	18	5.6	0.07	1.25	785	..	..	..	3.1	160	3	1.9	0.01	0.63	3,121	2	0.01	13	0.05
1944	41	0.16	7	1	14.3	0.00	0.03	312	10	3.2	0.04	1.19	700	1	0.1	0.00	2.7	121	..	..	..	0.46	3,098	1	0.00	8	0.03
1945	22	0.08	1	1	100.0	0.00	0.00	399	14	3.5	0.05	1.50	546	..	..	..	2.1	105	..	..	..	0.39	3,432	2	0.01	4	0.02
1946	25	0.08	5	..	..	..	0.02	191	15	7.8	0.05	0.67	408	..	..	..	1.4	108	..	..	..	0.38	3,725	2	0.01	10	0.04
1947	32	0.11	1	..	..	..	0.00	52	4	7.7	0.01	0.18	310	..	..	..	1.1	87	..	..	..	0.30	2,678	2	0.01	11	0.04
1948	36	0 12	9	1	11·0	0·003	0·03	8	..	0·0	0·00	0·03	442	..	..	..	1·5	84	1	1·2	0·003	0·29	3,783	2	0·01	3	0·01
1949	50	0·17	..	..	..	..	..	..	..	..	..	..	346	..	..	..	1·2	76	..	..	..	0·26	4,425	0	0·00	3	0·01
1950	17	0.06	1	..	..	0.00	0.00	..	..	..	..	..	397	..	..	..	1.3	57	..	..	..	0.19	2,919	1	0.00	7	0.02

TABLE B.
WARD DISTRIBUTION OF INFECTIOUS DISEASES (NET).
(Showing Deaths from Pneumonia, Diarrhoea and Tuberculosis.)

WARD.	Erysipelas.	Enteric Fever.	Scarlet Fever.	Cerebro-Spinal Fever.	Poliomyelitis.	Measles.	Rubella.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Acute Primary Pneumonia.	Acute Influenzal Pneumonia.	Chickenpox.	Dysentery.	Whooping Cough.	Tuberculosis (all forms).	Total 1950	Total 1949	Deaths. Pneumonia.	Deaths. Diarrhoea under 2 years.	Deaths. Tuberculosis all forms.
St. Nicholas	2	..	3	1	..	71	10	4	..	12	..	38	28	24	24	216	185	14	..	8
Kenton	7	..	43	..	8	189	30	4	..	23	8	179	15	160	33	697	637	9	..	18
Scotswood	6	..	12	..	4	109	54	4	..	16	1	200	8	46	39	497	488	6	..	13
Stephenson	4	..	17	5	3	214	52	2	..	38	1	60	10	87	53	544	670	14	2	12
Armstrong	..	..	9	2	6	150	45	2	..	32	1	53	5	120	30	453	460	14	1	13
Elswick	1	..	13	..	4	124	14	1	..	20	2	100	3	77	21	376	434	6	..	13
*Westgate	1	..	14	..	3	121	17	2	..	22	1	61	10	71	19	338	395	17	..	7
† Arthur's Hill	..	..	5	..	6	141	14	1	..	19	1	105	4	53	26	372	374	9	..	12
Benwell	4	..	11	..	9	101	17	2	..	25	1	79	69	119	43	477	533	9	..	14
Fenham	5	1	28	1	6	72	9	1	..	7	1	178	9	58	38	413	378	4	..	5
Sandyford	..	..	7	..	3	63	3	4	..	10	2	52	5	35	29	210	212	9	..	14
§Jesmond	1	..	9	..	8	99	7	..	..	9	1	29	14	20	18	212	228	4	..	7
Dene	4	..	26	..	4	145	21	3	..	12	3	19	5	28	16	284	420	3	..	3
Heaton	8	..	38	..	6	159	16	1	..	11	2	174	21	35	32	500	402	6	1	7
Byker	1	..	25	..	5	86	13	4	..	19	2	98	14	77	23	366	442	8	2	7
St. Lawrence	3	..	43	..	9	104	11	5	..	28	4	102	45	83	25	458	379	9	2	8
St. Anthony's	2	..	26	..	5	133	13	3	..	23	..	127	24	75	42	471	399	10	..	12
Walker	5	..	37	..	4	271	11	4	..	21	2	172	33	162	58	779	542	7	..	17
‡Walkergate	3	..	31	1	7	203	7	2	..	31	1	78	24	87	36	508	360	10	1	18
Total, 1950	57	1	397	10	100	2555	364	49	..	378	34	1904	346	1417	605	8171	7938	168	9	208
Total, 1949	76	..	346	8	7	3415	1010	52	4	449	47	1108	118	688	610	7938	..	248	35	246

* Includes Royal Victoria Infirmary.
† ,, Elswick Grange and Newcastle General Hospital.
‡ Includes Walker Gate Hospital.
§ ,, Fleming Memorial Hospital.

SPECIAL SKIN CLINIC.

The work of the clinic in giving advice, instruction and treatment has again continued satisfactorily throughout the year, 99·6 (98)* per cent. of the cases having been scabies or pediculosis ; and though it is satisfactory to record a fall (see Table A) of 22·9 (46·4) per cent. over last year's attendances, there has been an increase of 20·5 (11·5) per cent. in the cases of pediculosis, to which further reference is made.

TABLE A. ATTENDANCES AND TREATMENTS.

Year.	No. of treatments.	Patients treated.	Percentage fall in patients.	Treatments (Average No.)
1943.....	11,232	4,907	....	2·28
1944.....	11,798	5,239	....	2·25
1945.....	10,105	4,428	15·5	2·28
1946.....	10,030	3,964	10·5	2·53
1947.....	7,595	2,411	39·2	3·15
1948.....	5,706	1,741	27·8	3·27
1949.....	2,722	933†	46·4	3·13
1950.....	1,536	719†	22·9	2·14

†Does not include 4 return cases (16 return cases in 1949).

The average number of treatments per patient has fallen due to the increasing proportion of pediculosis cases which usually only need one treatment.

Analysis of Total Attendances.

Sex : Males 82·1 (73·7) per cent. Females 17·9 (26·3) per cent.
Age groups : 0–1 year, 6 (17) or 0·8 (1·8) per cent.; 1–5 years, 45 (64) or 6·3 (6·9) per cent. ; 5–15 years, 79 (149) or 11 (16) per cent. ; 15 years and over, 589 (703) or 81·9 (75·3) per cent.
Scabies : 274 (532) cases, a 48 per cent. reduction from 1949.
Pediculosis : 441 (382) cases, a 13·4 per cent. increase over 1949.
Ratio of scabies to pediculosis cases was 3:5 (4:3 in 1949), a reversal.
Double infestations with scabies and pediculosis : 1 (2).
Cases other than scabies and pediculosis : 3 (17).
Pediculosis pubis cases (included under " pediculosis ") : 30 (41).
Return cases (not counted as new patients) : 4 (16).
Cases referred back to own doctor : 0 (0).
Cases referred back to Newcastle General Hospital : 0 (1).
Reference of cases to the clinic from other authorities : 1 (0).

The totals of treatments given by four-weekly periods throughout the year show their main drop in the winter months, with least cases in August.

The following table gives totals and percentage of cases from each source, and the several conditions as percentages of the total cases. It also shows that the cases coming from the Newcastle General Hospital and the Salvation Army formed twice the percentage of the total cases as compared with 1949, those from the Health Department were increased, whilst those from doctors and the Prudhoe Street Mission remained about the same whereas cases self referred showed a fall of about 64 per cent.

*Figures in brackets refer to corresponding figures for 1949 unless otherwise stated.

TABLE B. ANALYSIS OF SOURCE OF PATIENT AND DIAGNOSIS.

Source.	Scabies.	Pediculosis	Pediculosis pubis.	Scabies & pedic.	Other conditions	Total.	% of Total Cases.		
							1950.	1949.	1948.
Salvation Army	.. (0)	139 (80)	.. (0)	.. (0)	.. (0)	139 (80)	19·3	8·57	1
Self	110 (323)	6 (2)	17 (36)	.. (0)	.. (10)	133 (371)	18·5	39·77	56
Doctor	114 (160)	11 (11)	2 (3)	1 (2)	3 (7)	131 (183)	18·2	19·25	9
Prudhoe Street Mission	.. (1)	101 (131)	.. (0)	.. (0)	.. (0)	101 (132)	14·1	14·15	5
Health Department	.. (1)	96 (89)	1 (0)	.. (0)	.. (0)	97 (90)	13·5	9·75	5
Newcastle General Hospital	17 (20)	49 (21)	9 (2)	.. (0)	.. (0)	75 (43)	10·4	4·60	5
School Health Service	14 (17)	.. (0)	.. (0)	.. (0)	.. (0)	14 (17)	2·0	1·82	12
Royal Victoria Infirmary	11 (3)	1 (1)	1 (0)	.. (0)	.. (0)	13 (4)	2·0	0·4	1
Church Army	.. (0)	6 (0)	.. (0)	.. (0)	.. (0)	6 (0)	0·8	0·0	0
City Welfare Department	3 (6)	.. (0)	.. (0)	.. (0)	.. (0)	3 (6)	0·4	0·6	3
Children's Homes (Chester-le-Street)	3 (0)	.. (0)	.. (0)	.. (0)	.. (0)	3 (0)	0·4	0.0	0
Day Nursery, City	2 (0)	.. (0)	.. (0)	.. (0)	.. (0)	2 (0)	0·2	0.0	0
National Assistance Board	.. (0)	1 (0)	.. (0)	.. (0)	.. (0)	1 (0)	0·1	0.0	0
Common Lodging House	.. (0)	1 (5)	.. (0)	.. (0)	.. (0)	1 (5)	0·1	0·5	1
Total	274 (532)	411 (341)	30 (41)	1 (2)	3 (17)	719 (933)			
% of Total	38·1(57·0)	57·2(36·6)	4·2 (4·4)		0·42 (1·8)				

Staff Duties.

The female attendants paid occasional visits to disinfest and cleanse old bed-ridden patients (bedding, etc., being disinfested as usual) and when free to do so have acted in emergency as female attendants for the Ambulance Service, being likewise available for the Mental Health Service, and the delivery of home nursing equipment in special cases. During treatments, the staff make opportunities to give elementary health instruction to patients.

SCABIES.

The need for all family members to receive treatment when one of them has scabies (whether showing symptons or not) is emphasized. Advice given as to the nature of the condition, its mode of spread and prevention, no doubt explains that (again as in 1949) no case of scabies attended without at least one other member of the family also attending for treatment and that a quarter of cases treated were from families where all members came up for treatment (as against a third doing so in 1949). Such a response on the part of the public is worthy of record.

Comparative totals of scabies from 1943 to 1950 show a continuing fall : 4,897 ; 4,956 ; 3,820 ; 3,560 ; 2,104 ; 1,329 ; 532 ; 274. There has also been a fall in the proportion of scabies to total cases which in 1948 was 75 per cent., in 1949 was 57 per cent., and in 1950 was 38 per cent. ; whilst compared with 1949 the number of cases fell by 51 per cent., the corresponding fall in 1948 being 40 per cent.

TABLE C. INCIDENCE OF SCABIES (AND OTHER DISEASES) (BY AGE GROUPS AND SEX).

Age Group.	Scabies.				Other Diseases.	
	Male.	Female.	Total.	% of Total.	Male.	Female.
0–1.....	4 (7)	2 (10)	6 (7)	2 (3)	– (–)	– (–)
1–5.....	20 (35)	24 (24)	44 (59)	16 (12)	– (1)	– (3)
5–15.....	43 (77)	35 (58)	78 (135)	28 (25)	1 (1)	– (0)
15+.....	94 (191)	52 (130)	146 (321)	53 (60)	3 (6)	– (6)
TOTAL ..	161 (310)	113 (222)	274 (532)		4 (8)	0 (9)

The ratio of male to female cases of scabies was 10:7 (as in 1949).

PEDICULOSIS.

There has been an increase of 20·5 (11·4) per cent. in such cases over 1949 and also in the percentage of such to total cases by 38·1 (22) per cent. Comparative totals for the years 1943 to 1950 are :—163 ; 166 ; 285 ; 159 ; 168 ; 335 ; 382 ; 441 ; which show much increased numbers since 1948.

Although a relatively small source, cases from the Newcastle General Hospital have increased by 133 per cent. over 1949. The Salvation Army as the largest source has increased by 74 per cent. over 1949, and together with the Prudhoe Street Mission and the Church Army, provided 60 per cent. of cases of pediculosis, and 34 per cent. of all cases attending the Clinic.

All but one case were over 15 years comprising 99·9 (96·5) per cent. of the total ; male cases being 55 (30) times commoner. Pediculosis capitis (all female cases) formed 1·6 per cent., pediculosis corporis 91 (88) per cent., and pediculosis pubis 6·8 (10) per cent. Pediculosis pubis cases have been counted under " pediculosis " and all were over 15 years and male (except one). Table B gives the source.

There have been no alterations to the Clinic premises but these have been improved and largely painted throughout.

I am glad in conclusion to record once more the good work, interest and loyalty of the Clinic Staff.

G. Hamilton Whalley,

Medical Officer-in-Charge of
the Special Skin Clinic.

TABLE D. INCIDENCE OF PEDICULOSIS.

(By Age Groups and Sex)

Age Groups.	Male.				Female.				Totals in Age Groups.
	Capit.	Corp.	Pubis.	Total.	Capit.	Corp.	Pubis.	Total.	
0–1.....	..	..	..	..	..	..	..	..	..
1–5.....	..	.. (1)	..	.. (1)	1 (0)	..	..	1 (0)	1 (1)
5–15.....	..	.. (13)	..	.. (13)	..	..	..	..	.. (13)
15+.....	..	402 (315)	29 (41)	431 (356)	6 (3)	2 (9)	1 (0)	9 (12)	440 (368)
Totals :	..	402 (329)	29 (41)	431 (370)	7 (3)	2 (9)	1 (0)	10 (12)	441 (382)

VENEREAL DISEASES STATISTICS.

Newcastle upon Tyne, 1950.

The year 1950 showed that the downward trend observed in the preceding year was maintained in the incidence of veneral diseases in Newcastle. 16,535 attendances were made by 2,252 patients of whom 1,200 attended this department for the first time. This latter figure does not imply that all had venereal disease as, for example, 885 were found to be free from infection and, in fact, 82 per cent. of those merely wished to be re-assured that they were "all right" although they had run a risk of acquiring venereal disease.

It must be emphasised, however, that 911 patients suffering from syphilis remain on our register, of whom 126 were fresh cases during the year. This disease must still be regarded as a serious obstacle to good health if its treatment is neglected.

Eight new cases of inherited syphilis were registered, 4 of whom were under the age of 5 years. It may be remembered that no new cases under the age of 5 years attended in 1949.

Modern treatment, quick to alleviate suffering allied to venereal disease, would result in an increased default rate were it not for the vigilance of the Medico-social staff. Two Newcastle Health Visitors made 1,570 domiciliary visits during the year and as a result of their efforts there was a further welcome decline in the default incidence. Thus, no men failed to complete their treatment for contagious syphilis and a failure rate of 15 per cent. in women with this type of disease cannot be regarded as too serious and must rank as one of the lowest in the country.

During the year, 4,199 specimens were examined in the venereal diseases clinic laboratory and a further 6,086 specimens by doctors in the Medical Research Council's laboratory which is situated in the Newcastle General Hospital grounds.

The problem of syphilis in pregnancy is one which cannot be too strongly emphasised and merits the closest investigation by all departments concerned. During 1950, 10 notifications were received from the laboratory to the effect that blood from each of those women had been examined and results indicated the possibility of syphilis being present. Two of those women were found to be attending this clinic already ; one woman only attended this department after her confinement, another reported in the seventh month of pregnancy, 2 in the

sixth month and 4 in the fourth. This can be regarded as eminently satisfactory since in a County Borough the size of Newcastle, infected women seldom report so early in pregnancy for examination and treatment.

With a view to ensuring syphilis-free offspring, the amount of anti-syphilitic treatment received during pregnancy by 7 of those women can be described as adequate, as reasonable in two others, whilst the tenth patient received no treatment at all during pregnancy. Six infants were found to be free from venereal infection and of the remainder, 1 has not yet completed investigation and the other 3 have not yet been born.

The co-operation and invaluable assistance rendered by all members of the staff is readily acknowledged ; but for their efforts, venereal diseases statistics in Newcastle may well have shown up in a highly unfavourable light.

W. V. MacFarlane,

Medical Officer.

REPORTS OF THE
CHEST PHYSICIAN
AND
MEDICAL DIRECTOR,
MASS RADIOGRAPHY UNIT.

IV—TUBERCULOSIS.

CHEST CLINIC.
MASS RADIOGRAPHY.

REPORT OF WORK DONE AT CHEST CLINIC, FOR YEAR 1950.

The present year does not show any marked changes in the Newcastle Tuberculosis Service as regards accommodation or facilities, but there has been a still further increase in the numbers of cases dealt with. Especially is this noticeable in the swollen treatment clinics at Walker Gate Hospital, largely due to increased use of pneumoperitoneum. Further, Longbenton area was added to our responsibilities as from October 1950—there being an addition of 100 cases of tuberculosis.

The anticipated marked fall in the Death Rate is not evident in this complete year's figures, though we have had many therapeutic surprises in individual cases ; a preliminary survey of the early months of 1951, however, does show a marked drop in deaths, but analysis of this and comments will be deferred until the next Annual Report.

There has been very little amelioration of the problems caused by lack of adequate institutional accommodation for cases of infective Pulmonary Tuberculosis, and furthermore, the extended use of Streptomycin has now made it possible to treat forms of the disease which were previously fatal. During the year twelve cases of Tuberculous Meningitis in adults with Pulmonary Tuberculosis have been treated at Walker Gate Hospital, by courses of intrathecal medication, necessitating a minimal stay in hospital of nine to twelve months ; also many patients with extensive pulmonary disease have been rendered fit for surgical treatment. The pressure on bed accommodation, both medical and surgical, was therefore aggravated—there was now clearly a definite increased need of beds, the only relieving factor being the shortened stay in hospital of orthopædic cases; in which streptomycin hastened healing and the closure of sinuses; towards the end of the year there was no case of orthopædic tuberculosis awaiting a hospital bed.

As we gained confidence in our use of this new drug, strengthened by the publication of the Medical Research Council Report of delay in development of resistance to Streptomycin when therapy is combined with P.A.S., it became evident that we should encourage the General Practitioner to supervise its administration at home, in cases selected by us. The domiciliary nursing services proved invaluable in relieving the practitioner of the necessity of a daily visit to these cases, while the Home Help Scheme made available to us hospital beds which

would have been occupied by patients not requiring special treatment. Gradually the use of hospital beds changed and patients were only admitted for special treatment or because of social conditions which could not be ameliorated; as could be expected, the rate of admissions to and discharges from hospital was accelerated, a change which unfortunately coincided with a period of having no Resident Medical Officer at Walker Gate Hospital.

Inability to provide the recommended isolation for those suitable for B.C.G. vaccination led to many discussions, formal and informal, in journals and at medical meetings. From these it was clear that the Ministry of Health standard of " isolation " would require to be interpreted as " segregation " from **known** sources of infection. Accordingly, among the contacts of cases of Pulmonary Tuberculosis, attention was concentrated on families where the infector was away from home, in hospital or sanatorium, or, if at home, the susceptibles could be accommodated with healthy friends or relatives, for a period of three months.

Inevitably this led to an intensification of the programme for contact examination by x-ray, for in many cases some adult member of the household had failed to come for examination, either through neglect or refusal.

Vaccinated individuals will require to be retested at six-monthly intervals and it will be interesting to see the reversion rate and the rate of incidence of frank disease in the vaccinated group, although one must recognise that we have no strictly comparable control group to guide us in assessment of the figures.

Whilst all look forward to a definite advance in our anti-tuberculosis campaign it is also quite clear that, to give full effect to the advantages of recent advances in treatment and prophylaxis, the service must be highly organised, well-equipped and well-manned. An increasing awareness of our attempts to deal with this problem and some of the measure of our success is leading to an increasing demand for chest x-ray by doctors and public alike. Many go to the M.M.R. Units—those with a doubtful finding later being referred to the Chest Clinic, but also there are many who are sent direct to the Clinic by their doctor. In this spate of work, the normal chest x-ray is seen more and more frequently, but also is seen those with non-tuberculous abnormality, and of these particular mention may be made of Bronchial Carcinoma, of which 23 were diagnosed in the year and referred to the thoracic surgeons.

Better facilities for diagnosis are urgently required in the Newcastle area, and during December a preliminary meeting of officials of the Regional Hospital Board and Local Health Authority was held to review the situation in the area, with a view to improving the present position.

In spite of the increased load of work I must record the willing co-operation of all staff, medical, nursing and clerical, to produce a service worthy of a University City.

It should be pointed out that as the Chest Clinic also serves a few areas situated in the County of Northumberland, namely, Longbenton, Gosforth and Newburn, the figures given in the following pages include cases from these areas, but wherever possible the figures for Newcastle upon Tyne are shown separately.

Attendances.—Total out-patient attendances for year ended 31st December, 1950, including a proportion of Northumberland County cases, was 15,274.

This figure includes all new patients attending for registration, Domiciliary Visits by medical staff, patients examined at clinic sessions and all attendances for Blood Sedimentation Rate, Mantoux test, etc.

(a) New Patients.

Adults.		Children.		Total.
M.	F.	School Age.	Not School Age.	
1,439	1,661	764	135	3,999

Referred by:

M.M.R. Pick-ups.	General Practitioners.	School Medical Officer.	Health Visitors.	Others.	Total.
141	2,079	170	494	1,115	3,999

(b) Patients Examined at Clinic Sessions.

Adults.		Children.		Total.
M.	F.	School Age.	Not school Age.	
3,723	3,767	1,337	125	8,952

Of the total 8,952 examinations, 5,365 were old patients, leaving a balance of 3,587 patients examined for the first time.

In 6,189 cases, X-Ray examination had been arranged immediately prior to attendance.

In 1,396 cases, Mantoux test was done.

In 775 cases, Blood Sedimentation Rate was taken.

No. of samples of sputum examined at Clinic—5,073 ; at Bacteriological Laboratory—699.

No. of samples of urine tested—242.

Notifications.—During the year, notifications were received as follows :—

Primary Notifications.	*Lungs.*	*Other Forms.*	*Total.*
Newcastle upon Tyne	532	73	605
Northumberland County.....	75	12	87
Totals	607	85	692

In addition, there were 62 second, 5 third and 1 fourth notifications which appear on the register as duplicates.

Source of Notification :—

General Practitioner	190	27·4%
Clinic Medical Staff	223	32·2%
Other Sources (Transfers, Deaths, Hospitals, etc.)	279	40·4%
	692	100·0%

SUMMARY OF NOTIFICATIONS DURING THE PERIOD 1st JANUARY TO 31st DECEMBER, 1950.

(The Public Health (Tuberculosis) Regulations, 1930.)

Area.		Primary Notifications.													Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and upwards	
Newcastle.	Respiratory—														
	Males	3	..	7	10	10	32	26	50	41	44	36	21	2	282
	Females ..	..	1	5	14	11	47	52	56	37	14	10	3	..	250
	Non-Respiratory														
	Males	2	1	3	5	1	7	1	4	1	..	3	1	..	29
	Females ..	1	4	3	3	7	10	5	6	2	1	..	1	1	44
	Total:	6	6	18	32	29	96	84	116	81	59	49	26	3	605
Northumberland County.	Respiratory—														
	Males	1	..	..	2	..	7	4	12	10	7	4	1	..	48
	Females ..	..	..	1	..	2	2	2	13	2	1	3	1	..	27
	Non-Respiratory														
	Males	..	..	2	2	1	..	..	1	..	..	..	1	..	7
	Females ..	..	1	..	..	1	..	..	2	1	..	..	..	..	5
	Total:	1	1	3	4	4	9	6	28	13	8	7	3	..	87
	Grand Total:	7	7	21	36	33	105	90	144	94	67	56	29	3	692

Health Visitors' Work.

In all cases, unless expressly asked by the patient not to do so, Health Visitors have visited the homes within a few days of receiving notification urging patients and contacts where applicable to visit the Clinic for examination and classification with a view to treatment. On receipt of the nurse's report, a case folder has been prepared in every case, except those notified at death, and an effort made either to secure the patient's attendance at the clinic or in cases where treatment was already being given by other institutions, to ensure that supervision was being maintained in accordance with the time limits set out in Tuberculosis Regulations, 1930.

All cases thus taken on to the Clinic Register have been classified according to their condition, so that subsequent visits could be made by the Health Visitors in accordance with the following table :—

Type of Case.	Period of Visit.
Respiratory cases with positive sputum—classified active Non-Respiratory cases with tubercle bacilli demonstrated in any exudate classified active	Monthly.
Cases, Respiratory and Non-Respiratory, negative and active Households from which a patient has been admitted to Hospital or Sanatorium	Three-Monthly.
All Quiescent cases	Six-Monthly.

In the 1949 report an increased rate of visiting was forecast to meet the demands of the above scheme and the following figures show that this has been achieved.

	Newcastle.	Northumberland County.	Total.
Primary Visits (new notifications and change of address) :			
1949....	629	23	652
1950....	634	149	783
Subsequent Visits :			
1949....	7,813	207	8,020
1950....	10,685	1,023	11,708

Treatment.—The following table is a copy of the annual return submitted to the Ministry of Health under Memo. T.145 :—

TREATMENT OF TUBERCULOSIS.

RETURN SHOWING THE WORK OF THE CLINIC.

Diagnosis.	Respiratory.			Non-Respiratory.			Totals.			Grand Totals.
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	
A. (1) No. of definite cases of T.B. on register on 1st January, 1950	1,088	857	313	72	104	276	1,160	961	589	2,710
(2) Transfers from clinics under other Hospital Management Committees	64	49	16	9	2	8	73	51	24	148
(3) Lost sight of cases returned	25	16	3	2	1	2	27	17	5	49
B. No. of new cases diagnosed—T.B. Minus	109	112	36	16	18	26	125	130	62	317
T.B. Plus	119	97	2	3	5	2	122	102	4	228
C. No. of cases in A. and B. written off during the year—										
(1) Recovered	38	32	21	8	8	15	46	40	36	122
(2) Died (all causes)	110	85	5	4	2	9	114	87	14	215
(3) Removed to other areas	65	45	5	3	3	2	68	48	7	123
(4) Other reasons	16	7	2	1	3	2	17	10	4	31
D. (1) No. of definite cases of T.B. on register on 31st December, 1950	1,176	962	337	86	114	286	1,262	1,076	623	2,961
(2) No. of above known to have positive sputum within preceding 6 months	240	153	2	..	..	..	240	153	2	395
E. No. of contacts first examined during the year—										
(1) Diagnosed as tuberculosis	31	29	14	2	2	7	33	31	21	85
(2) Not tuberculosis	152	184	83	..	..	..	152	184	83	419
(3) Not determined	203	297	217	..	..	..	203	297	217	717

Institutional Treatment.—The following table shows the nature of Institutional Treatment afforded to cases notified during 1950 :—

INSTITUTIONAL TREATMENT.

Type of Case.	Total Notifications.	Institution.												Total.	% of Total Notifications.
		Barrasford Sanatorium	Wooley Sanatorium	Holywood Hall San.	Leazes House San.	Boldon Sanatorium	Stannington Sanatorium	Walker Gate Hosp.	Sunderland Gen. Hosp.	Sunderland I.D. Hosp.	Newcastle Gen. Hosp.	Sheriff Hill Hosp.	Hexham Gen. Hosp.		
Respiratory—															
Male	330	68	11	22	..	..	14	50	..	2	32	..	..	199	60·3
Female	277	61	27	..	13	1	14	55	2	..	45	..	..	218	78·6
Total ..	607	129	38	22	13	1	28	105	2	2	77	..	..	417	68·9
Non-Respiratory—															
Male	36	..	..	..	..	..	1	..	..	..	14	1	7	23	64·0
Female	49	..	..	..	..	..	6	..	..	..	26	2	1	35	71·5
Total ..	85	..	..	..	..	..	7	..	..	..	40	3	8	58	68·3
Grand Total ..	692	129	38	22	13	1	35	105	2	2	117	3	8	475	68·6

Domiciliary Supervision.—During the year 382 visits were made by Medical Staff to patients in their homes. In every instance, an opportunity was offered to the patient's own doctor to be present, and on 29 occasions use was made of this service.

Deaths from Tuberculosis.—There were 208 deaths from tuberculosis among Newcastle upon Tyne residents. The death rates per 1,000 population being as follows :—

	No. of deaths.	*Death rate.*
Respiratory Tuberculosis	183	0·62
Non-Respiratory Tuberculosis	25	0·08
All forms of Tuberculosis	208	0·70

SUMMARY OF DEATHS FROM TUBERCULOSIS DURING THE PERIOD 1ST JANUARY, 1950, TO 31ST DECEMBER, 1950.

Area.		Primary Notification.													Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and upwards	
NEWCASTLE.	Respiratory—														
	Males	1	..	..	..	..	3	2	16	22	24	16	14	1	99
	Females ..	..	..	..	1	..	4	20	25	13	6	12	1	2	84
	Non-Respiratory														
	Males	1	..	2	1	..	..	..	2	2	..	2	1	..	11
	Females ..	1	2	1	1	3	1	1	..	..	2	..	2	..	14
	Total :	3	2	3	3	3	8	23	43	37	32	30	18	3	208
NORTHUMBERLAND COUNTY.	Respiratory—														
	Males	..	..	..	..	..	..	..	3	5	1	2	1	..	12
	Females ..	..	..	..	..	..	..	2	4	..	2	1	..	..	9
	Non-Respiratory														
	Males	..	..	..	1	..	..	..	..	..	..	..	1	..	2
	Females ..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	Total :	..	1	..	1	..	..	2	7	5	3	3	2	..	24
	GRAND TOTAL :	3	3	3	4	3	8	25	50	42	35	33	20	3	232

Further details and comparative figures for previous years are submitted in the following table :—

RETURN OF DEATHS FROM RESPIRATORY TUBERCULOSIS (NEWCASTLE CASES ONLY).

	Deaths which occurred in these years.									
	1944	1945	1946	1947	1948	1949	1950.			
							M.	F.	Ch.	Total
Persons not notified	11	8	10	12	18	16	12	10	..	22
,, notified under 1 mth.	24	37	23	27	30	17	12	2	1	15
,, between 1 and 3 ,,	18	15	24	23	16	26	6	3	..	9
,, between 3 and 6 ,,	17	16	24	24	20	15	6	1	..	7
Total under 6 months	70	76	81	86	84	74	36	16	1	53
Persons notified between—										
6 and 12 months	31	21	26	24	30	21	6	2	..	8
12 and 18 months ...	21	21	10	13	15	23	4	11	..	15
18 and 24 months ...	19	10	15	26	9	12	9	4	..	13
2 and 3 years	25	25	31	30	22	16	8	12	..	20
over 3 years	53	67	64	80	70	76	36	38	..	74
Totals	219	220	227	259	230	222	99	83	1	183

COMPARATIVE FIGURES OF ATTACK AND DEATH RATES.
(Per 1,000 population).

		Death Rate.	Attack Rate.
1948	Newcastle upon Tyne	0·87	2·36
	England and Wales	0·507	1·21
	Glasgow	1·17	2·84
	Scotland	0·75	1·94
1949	Newcastle upon Tyne	0·83	2·08
	England and Wales	0·457	1·19
	Glasgow	1·14	2·90
	Scotland	0·67	1·99
1950	Newcastle upon Tyne	0·70	2·05
	England and Wales	0·36	–*
	Glasgow	0·98	2·56
	Scotland	0·54	–*

* Figures not yet available.

Contacts.—No Contacts were vaccinated with B.C.G. during the year, but, as previously recorded, a modified scheme was drawn up and in preparation for this a more rigorous review of tuberculosis families was commenced.

The following figures are again set out to show the extent of the problem, and it will be seen that there is a rise of 200 in the number of children contacts dealt with, compared with the previous year, the figures for which are shown in brackets.

	Male.	*Female.*
Children 5-15 years referred to the School Medical Officer during 1950	208(215)	211(183)
Children 0-5 years referred to Dr. Miller during 1950	316(220)	271(199)
Totals	524(435)	482(382)

It will be seen from Form T.145 which is shown, that of the total of 1,221 contacts examined at the Chest Clinic, 85 or 6·95 per cent. were found to be tuberculous during the year.

As an interesting comparison, it will be seen that out of a total of 3,999 new patients registered during the year, 545 new cases were diagnosed, which is 13·6 per cent.

It must be borne in mind that the larger percentage concerns a proportion of patients who are suspects, having been referred to the clinic for that reason, while the smaller percentage represents a group of people who, although in contact with cases, are not necessarily suspects in quite the same way.

X-Ray Examination.—We are still in the unhappy position of having to refer cases to either Walker Gate Hospital or Northern Counties Chest Hospital for x-ray of chest. Contacts under periodical supervision are still referred to the Mass Miniature Radiography Unit when stationed at Newcastle General Hospital.

X-Rays of bones and joints, etc., by arrangement with Newcastle General Hospital.

During 1950 films were taken as follows :—

Walker Gate	3,389
Northern Counties Chest Hospital	3,365
Mass Miniature Radiography	185
Newcastle General Hospital	45

In addition to these, 717 films were taken at Walker Gate Hospital concerning in-patients and 568 in connection with artificial pneumothorax treatment.

Artificial Pneumothorax Treatment.—There were 16 initial inductions of artificial pneumothorax and 22 initial inductions of pneumoperitoneum. There were 8,291 attendances for refill during the year.

DETAILS OF INSTITUTIONAL TREATMENT.

1. HOSPITALS.

Sanatorium Pavilions, Walker Gate Hospital.—288 patients were admitted (134 males and 154 females).

Details of the number of patients admitted and discharged are given in the accompanying table :—

		Sex	In Institution on 1st January, 1950.	Admitted during the Year.	Discharged during the Year.	Died in Institution during the Year.	In Institution on 31st Dec., 1950.
Number of Patients	Adults	M.	51	133	123	20	41
	Do.	F.	50	153	133	19	51
	Children ...	M.	1	1	2	..	..
	Do. ...	F.	..	1	..	..	1
Totals ..	..	..	102	288	258	39	93

Included in the total of 288 admissions during the year were 24 patients admitted for observation, of whom 14 were diagnosed as suffering from tuberculosis and 10 discharged as not tuberculosis.

39 patients died in the Institution ; the conditions of the other patients on discharge is given in the table below :—

	Males.	Females.	Total.
Improved	96	90	186
Without Improvement	29	43	72
Died in Hospital	20	19	39
Totals	145	152	297

Many of those discharged " improved " were fit for light work.

The following transfers to other Institutions were arranged :—

Barrasford Sanatorium	22
Holywood Hall Sanatorium	5
Wooley Sanatorium	5
Leazes House Sanatorium	1
Newcastle General Hospital	9
Convalescent Home, Torquay	8
,, ,, Axbridge.....	6
,, ,, Netherton	1
,, ,, Doxford	1
	58

In addition to the above 9 were transferred to Holywood Hall Sanatorium and 36 to Shotley Bridge Hospital for thoracic surgery.

Treatment has been on Sanatorium lines, modified to some extent in view of the type of patient ; the essentials are the same, however, namely, rest and good food under satisfactory hygienic conditions, with exercise graduated to the patient's tolerance.

Newcastle General Hospital.

165 patients were admitted (77 males and 88 females). Details are given in the following table :—

	Sex.	In Institution on 1st Jan., 1950.	Admitted.	Discharged.	Died in Institution.	In Institution on 31st Dec., 1950.
Respiratory .. Adults	M.	1	34	28	4	3
Do. .. Do.	F.	1	43	41	1	2
Do. .. Children	M.	2	15	16	..	1
Do. .. Do.	F.	1	10	9	1	1
Non-Respiratory Adults	M.	2	17	15	1	3
Do. Do.	F.	2	23	23	2	..
Do. Children	M.	..	11	7	1	3
Do. Do.	F.	..	12	10	2	..
Totals		9	165	149	12	13

The results of the treatment received are given in the table below:—

	Males.	Females.	Children.	Totals.
Improved	30	51	38	119
Without Improvement	12	12	6	30
Died in Hospital	5	3	4	12
Totals	47	66	48	161

Sunderland General Hospital.

During the year 2 patients were admitted and 1 discharged.

Infectious Diseases Hospital, Sunderland.

During the year 2 patients were admitted. There were no discharges.

Boldon Sanatorium (I.D. Hospital).

During the year 2 patients were admitted. There were no discharges.

South Shields General Hospital.

During the year 1 patient was admitted. There were no discharges.

Sheriff Hill Isolation Hospital.

During the year 10 Newcastle patients were admitted and 22 discharged.

Hexham General Hospital.

During the year 13 Newcastle patients were admitted, and 7 discharged.

2. SANATORIA.

Wooley Sanatorium.

	In Institution on 1st January, 1950.	Admitted during the year.	Discharged during the year.	In Institution on 31st December, 1950.
Males	..	22	13	12
Females ...	..	38	30	18
Totals:	..	60	43	30

The condition of the patients on discharge is given in the table below :—

	Males.	Females.	Total.
Improved	12	26	38
Without improvement	1	4	5
Totals	13	30	43

Leazes House Sanatorium.

	In Institution on 1st January, 1950.	Admitted during the year.	Discharged during the year.	In Institution on 31st December, 1950.
Females ...	..	15	2	13

(1 patient was admitted for thoracic surgery).

The condition of the patients on discharge is given in the table below :—

	Females.
Improved	1
Without improvement	1
Total	2

Holywood Hall Sanatorium.

	In Institution on 1st January, 1950.	Admitted during the year.	Discharged during the year.	In Institution on 31st December, 1950.
Males	..	46	32	14

(9 patients were admitted for thoracic surgery).

The condition of the patients on discharge is given in the table below :—

	Males.
Improved	20
Without improvement	12
Totals	32

Barrasford Sanatorium.

233 patients were admitted (122 males and 101 females). Details are given in the following table :—

	In Institution on 1st January, 1950.	Admitted during the year.	Discharged during the year.	In Institution on 31st December, 1950.
Males	37	122	104	55
Females	41	101	100	42
Totals :	78	223	204	97

The condition of the patients on discharge is given in the table below :—

	Males.	Females.	Total.
Improved	93	97	190
Without improvement	11	3	14
Totals	104	100	204

Stannington Children's Sanatorium.

56 children were admitted to Stannington Sanatorium during the year—33 males and 23 females.

	In Sanatorium on 1st Jan., 1950.	Admitted.	Discharged.	In Sanatorium on 31st Dec., 1950.
Respiratory Males	13	26	23	16
Do. Females	17	17	17	17
Non-Respiratory Males	8	7	10	5
Do. Females	3	6	7	2
Totals	41	56	57	40

In every case except 5, benefit accrued to the patient, as shown in the following return :—

	Males.	Females.	Total.
Disease quiescent	26	24	50
Improved	2	..	2
Without Improvement	5	..	5
Died	..	..	..
Totals	33	24	57

C. Verity,

Chest Physician.

TUBERCULOSIS NOTIFICATIONS AND DEATHS SINCE 1920.

YEAR.	TUBERCULOSIS.											
	PULMONARY.				NON-PULMONARY.				TOTAL.			
	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.	New Cases Notified.	Number of Deaths.	Death Rate per 1,000 Population.	Attack Rate per 1,000 Population.
1920	593	368	1.28	2.07	244	121	0.42	0.92	837	489	1.71	3.0
1921	532	348	1.25	1.91	245	103	0.37	0.88	777	451	1.62	2.8
1922	495	322	1.14	1.76	280	100	0.35	0.99	775	422	1.50	2.7
1923	544	311	1.10	1.92	289	103	0.36	1.02	833	414	1.46	2.9
1924	540	322	1.12	1.89	272	99	0.35	0.95	812	421	1.47	2.8
1925	546	343	1.20	1.91	303	101	0.35	1.06	849	444	1.55	2.9
1926	580	331	1.16	2.04	292	84	0.30	1.02	872	415	1.46	3.1
1927	504	316	1.09	1.75	270	84	0.29	0.94	774	400	1.38	2.7
1928	508	295	1.05	1.80	280	77	0.27	1.00	788	372	1.32	2.8
1929	551	309	1.09	1.94	236	75	0.26	0.83	787	384	1.35	2.8
1930	507	298	1.05	1.79	212	67	0.24	0.75	719	365	1.29	2.5
1931	507	303	1.07	1.79	232	94	0.33	0.82	739	397	1.40	2.6
1932	432	277	0.98	1.52	207	64	0.22	0.73	639	341	1.20	2.2
1933	428	262	0.91	1.49	191	67	0.23	0.66	619	329	1.14	2.2
1934	464	280	0.97	1.62	140	51	0.18	0.49	604	331	1.15	2.1
1935	464	240	0.82	1.59	176	63	0.22	0.60	640	303	1.04	2.2
1936	449	265	0.90	1.55	135	43	0.14	0.46	584	308	1.04	2.0
1937	489	270	0.93	1.68	137	54	0.19	0.47	626	324	1.12	2.1
1938	481	249	0.85	1.65	158	44	0.15	0.54	639	293	1.00	2.2
1939	428	232	0.82	1.51	143	47	0.17	0.50	571	279	0.99	2.0
1940	465	251	0.98	1.82	123	51	0.20	0.48	588	302	1.18	2.3
1941	483	249	0.98	1.89	130	56	0.22	0.51	613	305	1.20	2.4
1942	511	219	0.86	2.01	136	58	0.23	0.53	647	277	1.09	2.5
1943	595	270	1.06	2.33	140	55	0.21	0.55	735	325	1.27	2.9
1944	547	233	0.89	2.08	147	68	0.26	0.56	694	301	1.15	2.6
1945	580	227	0.85	2.18	115	47	0.18	0.43	695	274	1.03	3.0
1946	572	227	0.80	2.02	105	36	0.13	0.37	677	263	0.93	2.4
1947	546	259	0.89	1.88	98	39	0.13	0.34	644	298	1.02	2.2
1948	596	228	0·78	2·03	97	26	0·09	0·33	693	254	0·87	2·36
1949	516	222	0·75	1·75	94	24	0·08	0·32	610	246	0·83	2·07
1950	532	183	0.62	1.81	73	25	0.08	0.25	605	208	0.70	2.06

MASS RADIOGRAPHY UNIT

Annual Report, 1950.

Approximately seven months were spent in Newcastle compared with nine months in 1949 and nine months in 1948 and comparative figures for these three years are given in Table " A " below :—

TABLE " A."

	No. of Volunteers X-rayed.			Number recalled for 2nd examination			Number referred to Chest Clinic or kept under observation at MRU.		
	1948	1949	1950	1948	1949	1950	1948	1949	1950
Routine examinees.	13629	15719	16689	802	792	819	174 (1.3 %)	131 (0.8 %)	215 (1.3 %)
Doctors' patients ..	2625	1985	3486	570	385	601	237 (9%)	119 (6%)	236 (6.8 %)
Totals .	16254	17704	20175	1372	1177	1420	411 (2.5 %)	250 (1.4 %)	451 (2.2 %)

The main developments during the year were the arrangements made with the Obstetrical and Gynæcological and the Cardiovascular Departments at the Newcastle General Hospital. In the case of the former, all patients attending Ante-Natal and Post-Natal Clinics at the Newcastle General Hospital are given appointments for a Chest X-ray as part of their routine examination—this arrangement was made in May 1950, and as will be seen from Table " B " 1087 patients passed through the Unit during the remainder of the year. Towards the end of the year, Dr. Jackson of the Cardiovascular Department expressed his willingness to see any of our examinees whose X-rays showed an abnormal cardiovascular shadow and in December, twenty-one examinees, twelve men and nine women, were given appointments to attend his clinic. Otherwise the pattern was the same as in previous years. The category " routine examinees " includes employees who attend by arrangements with their employers during working hours, school leavers and members of the general public as before, and now maternity patients. In the category of " doctors' patients " are patients referred by General Practitioners and " contacts " and " suspects " referred by the Chest Clinic.

Table " B " which follows is an analysis of the work carried out in Newcastle, divided into the main groups :—

TABLE "B."

Group.	No. of Volunteers X-Rayed		Recalled for 2nd Examination				Result of 2nd Examination.							
			Large Film Taken		Did not Attend		Referred to Chest Clinic or kept under Observation		Referred to Cardio-vascular Department		Referred to Other Clinics		Report to examinees' own Doctor Only	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Employees	4,230	4,494	202	174	1	1	51	39	3	2	0	0	148	133
Schoolchildren	1,986	2,014	53	81	3	1	13	19	0	0	0	0	40	62
Maternity	..	1,087	..	62	..	0	..	20	..	0	..	0	..	42
General Public	1,398	1,480	130	111	0	0	36	37	7	3	1	1	86	70
Total of routine examinees	7,614	9,075	385	428	4	2	100	115	10	5	1	1	274	307
Patients sent by General Practitioner	1,469	1,719	287	276	3	4	100	121	2	4	0	0	185	151
Patients sent by Chest Clinic	126	172	8	23	0	0	5	10	0	0	0	0	3	13
Total of doctors' patients	1,595	1,891	295	299	3	4	105	131	2	4	0	0	188	164
	9,209	10,966	680	727	7	6	205	246	12	9	1	1	462	471
Grand Totals	20,175		1,407		13		451		21		2		933	

88 men and 105 women are known to have attended a clinic of some kind (excluding the Cardio-vascular Department) for further investigation—the Newcastle upon Tyne Chest Clinic, the Newcastle General Hospital, the Thoracic Surgery Clinic or the Department of Industrial Health. Only thirteen men and nine women of those referred for further investigation did not attend—a considerable improvement on previous years. The information which we have received from the Clinics concerned is detailed in Table " C " below.

The work of the Unit progressed smoothly throughout the year and the fact that the doctors are sending increasing numbers of the their patients shows that the special clinics are appreciated. The facilities offered by the Cardiovascular Department are proving of great value to doctors and patients alike.

W. H. Dickinson,
Medical Director.

TABLE "C."

	Referred to Hospital or Sanatorium		Received domiciliary treatment		Kept under observation at Chest Clinic		Final disposal unknown		No action or referred to Gen. Practitioner	
	M	F	M	F	M	F	M	F	M	F
I. Diagnosed as Tuberculous or possibly Tuberculous—										
Active	32	51	10	12†	..	..	0	2	..	..
? Active	0	1	0	0	4†	6	2	0	1‡	0
Inactive or Healed	1	0	0	0	6	6	..	..	13†	7
Diagnosis uncompleted	1	1	0	1	6	5	1	1	1‡	0
II Diagnosed as non-Tuberculous—										
Neoplasm	4	1	..	..	..	..	2	0	9	2
Other non-tuberculous condition or diagnosis uncompleted	1	1	..	..	1	2	..	..	1	0

† 1 known case in the group, *i.e.* 3 in all.

‡ Refused further investigation.

REPORT OF THE

CHIEF SANITARY INSPECTOR

V—FOOD AND DRUGS, NUISANCES, HOUSING, FACTORIES, Etc.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1950.

Sir,

Of the many duties carried out by the inspectorial staff during the year the maintenance of satisfactory housing conditions in the City, which means so much to the health and comfort of the occupiers, has ever been to the front, and in this work much inspectorial time has been well expended. In former years some real satisfaction was felt when reviewing the results of this particular work at the year's end, when, apart from the remedying of the disrepair, many solid improvements and additions to the amenities of dwellinghouses were recorded. This one time normal position however drastically changed for the worse during the war years, when maintenance work virtually ceased, and since then deterioration of the structures of dwelling houses has become not only marked but very progressive in many areas of the City. To arrest this serious backward development efforts were intensified but the result of this work has indeed been more than disappointing. It was of commonplace occurrence in years previous to the war and on request from owners of properties, to have a friendly chat as to improvements in their properties. Today, this advantageous co-operative arrangement no longer exists, and in its place it has become necessary to apply an ever increasing compulsion to ensure the carrying out of purely vital repair work. From an administrative point of view this action, no matter how necessary it may be, is in many ways to be deplored, as under present day circumstances it does no more than lightly touch the surface of work that cries out for attention. Fundamentally, the very high cost of works of repair, which as yet tend to rise higher and higher, together with the control over the rent of privately owned dwellinghouses, appear to be the root causes of the neglect of maintenance work, and it would seem, therefore, that ways and means additional to the existing applicable measures must be devised and applied in order to save dwellinghouses that at present are suitable for this purpose, otherwise they will assuredly be added to those already included in the proposed programme of slum clearance.

Condemned Dwellinghouses.

The rehousing of families from the dwellinghouses condemned 10 and 11 years ago has again been disappointing in respect of the number, as during the year only 86 were so dealt with by the Housing

Department. At the end of the year 474 of these houses were still standing and in which, fully or partially occupied, there were 1,003 families. In the partially occupied houses, empty derelict rooms are a common feature, together with other deplorable conditions which have so often been reported and conjointly cause an ever increasing worsening of the living conditions therein. Rehousing of these families therefore becomes more and more urgent particularly as the great majority of the houses are now structurally beyond repair of any degree.

Clean Food Campaign.

A number of addresses, demonstrations and film shows have been given to managements and staffs of the food traders in the City towards the object of "cleaner handling of food." These addresses etc., have also been given to several food traders' organisations whose headquarters are in the City, and whose members are drawn from the North-East counties. The result of this work is very encouraging not only as to the improved handling of foodstuffs which has followed but also in the provision of structural sanitary improvements to many premises. Persistence in this educational work with all concerned is to be constant and much effort as yet needs to be expended ere sanitary conscientiousness is fully awakened in all those concerned in the handling, storing and preparation of our foodstuffs.

New Legislation.

The Ministry of Food Model Byelaws Series I, as to the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air, were recommended by the Health Committee for adoption by the City Council. The City Council agreed this measure and after confirmation by the Minister of Food the Byelaws came into operation on the 23rd May, 1950. The object of the Byelaws is to secure the observance of sanitary and cleanly conditions and practices in connection with the dealing in foodstuffs. The commonsense provisions of these Byelaws if carried out in a reasonable manner at all times by all concerned would cause suspicion as to the manner in which our foodstuffs are dealt with to quickly disappear.

Food Supply—Sampling.

The foodstuffs sold in the City have been under constant check by sampling and of the samples submitted to the Public Analyst none have been found to be adulterated. Milk, sausages, teaseed

oil and rum however came under question and in the milk samples deficiencies of fat were found. In regard to the sausage samples the meat content was found to be below the prescribed amount and as to the teaseed oil the bottle had a misleading label thereon and a similar offence was found in the sample of rum.

Milk Supply.

The reports of the Bacteriologist as to his examination of the milk samples show a slight improvement in the keeping quality of the milk in comparison with last year. This improvement however still leaves a very wide gap to be bridged before a satisfactory position may be recorded, as of the designated milk 18.73% of the samples failed to pass the prescribed tests and also 2.86% of the processed milks similarly failed. Last year 25.18% of the former milk samples were recorded as failures and 3.71% of the processed milk. In respect of the processing of milk, it is satisfactory to report that all the samples passed the specified tests.

Ice Cream.

The demand by the public for Ice Cream continues to increase and to meet this demand 167 new premises were added to the register. Apart from its use as a sweet in the service of meals in hotels, restaurants, etc., it is now becoming much more freely used in the homes of our people as part of a meal. Generally in the great majority of the shops the ice cream is sold pre-packed by the manufacturers, and in this form it now commands a very ready sale. Nutritionally, the fat content of the samples analysed was higher than the samples so dealt with during 1949, the average for the year being 7.80% as against 5.36% of the previous year. As to the grading of the samples improvement of 17.66% over the previous 12 months is also recorded. In all 72.87% of the samples were satisfactorily graded.

FOOD & DRUGS ACT, 1938.

Total Samples.

The total number of samples submitted to the Public Analyst was 505 formal and 856 informal, a total of 1361, this number being slightly above last year's total number. It represents a sampling rate of 4.61 per 1,000 population as against The Ministry of Agriculture and Fisheries recommendation of not under 3.0% per 1,000 population.

Informal Samples.

The taking of informal samples has again been carried out and affords a very useful guide as to the quality of the foods and drugs on sale to the public. It suffers the disadvantage however that formal action may not be taken when a sample is found not genuine. In these instances a formal sample of the article concerned is immediately procured so that, if necessary, legal proceedings may be instituted. In all 856 informal samples (62.89% of the total samples) were procured and analysed by the Public Analyst and of this number 446 were of milk.

Samples not Genuine.

The number of these samples was 22 and represents 1.6% of the total number of samples taken. Against last year's total it shows a welcome decrease of 60.7%. 18 of the samples were of milk and on subsequent "appeal to cow" samples being taken in respect of 15 of the samples the cows were found to be delivering "sub-standard milk". As to the other 3 samples the deficiencies of fat were very slight and the matter was dealt with by way of cautions. Two samples of sausage, deficient in meat content, were dealt with by the Food Control Committee, and in a sample of Teaseed Oil the label was found to be misleading. On the matter being reported to the firm manufacturing the oil they immediately called in all unsold stocks and have now ceased to market this commodity. As to the remaining sample, that of rum, the label on the bottle was of a misleading nature and action as to this offence is under consideration.

Milk Samples.

In all, 906 or 66.5% of the total samples were of milk. Of these 18 (1.98%) were certified to be below the minimal limit fixed by the Sale of Milk Regulations, 1939, viz.:- 8.50% of non-fatty solids and 3% of milk fat. Of these latter samples 5 were deficient in non-fatty solids, 11 in fat content and 2 in both ; The non-fatty solids deficiencies ranged from 3.70 to 0.2% and milk fat from 11.6 to 3.3%. 12 of the samples were from milk produced in the County of Northumberland, 2 from local producers, and 4 were processed milks. In the case of 6 deficient samples they were followed up by "appeal to cow" samples (18 in number) and the milk secreted by some of the cows was found to be below standard. Advice to the producers as to improvements in the milking arrangements was tendered and subsequently milk was sent out with a fat content above the minimal standard.

DEFICIENT MILK SAMPLES.

No.	Designation.	Composition.		Deficiency.	
		Milk-fat. %	Solids not Fat. %	Milk-fat. %	Solids not Fat. %
1	Tuberculin Tested (Farm Bottled)	2.85	8.61	5.00	—
2	,, ...	2.80	8.65	6.60	—
3	,, ...	2.90	8.67	3.30	—
4	,, ...	2.85	8.66	5.00	—
5	,, ...	2.90	8.67	3.30	—
6	,, ...	2.85	8.41	5.00	1.00
7	,, ...	2.80	8.58	6.60	—
8	,, ...	2.80	8.18	6.60	3.70
9	,, ...	3.20	8.48	—	0.20
10	,, ...	3.10	8.46	—	0.40
1	Pasteurised.....	3.37	8.18	—	3.70
2	,, ...	2.80	8.85	6.60	—
3	,, ...	2.70	8.86	10.00	—
1	Tuberculin Tested Pasteurised.....	2.80	8.90	6.60	—
1	Tuberculin Tested	3.30	8.43	—	0.80
1	Undesignated	3.20	8.36	—	1.60
2	,, ...	2.69	8.66	10.30	—
3	,, ...	2.65	8.52	11.60	—

"APPEAL TO COW" SAMPLES.

No.	Milk Fat. %	Non-fatty Solids. %	Deficiency		Breed of Cow.	Grade of Milk.	Time of Milking.	Place of Production.
			Milk Fat. %	Non-fatty Solids %				
1	4.10	8.81	—	—			p.m.	
2	3.80	8.70	—	—				
3	4.60	8.86	—	—				
4	3.80	8.58	—	—				
5	4.30	8.85	—	—				
6	4.00	8.79	—	—				
7	3.00	8.59	—	—	Short-horn	Tuber-culin Tested (Farm bottled)	a.m.	North-umber-land.
8	2.85	8.41	5.00	1.00				
9	2.80	8.58	6.60	—				
10	3.10	8.51	—	—				
11	3.00	8.52	—	—				
12	2.80	8.18	6.60	3.70				
13	3.20	8.63	—	—				
14	3.20	8.48	—	0.20				
15	3.10	8.46	—	0.40				
1	2.65	8.52	11.60	—	Short-horn	Undes-signated	a.m.	Local
2	3.25	8.64	—	—				
3	4.10	8.89	—	—				

AVERAGE COMPOSITION OF ALL MILK SAMPLES.

Designation.	No. of Samples.	Composition (average).	
		Milk Fat	Non-fatty Solids.
		%	%
T.T. (Farm Bottled)	94	4.18	8.99
T.T.	20	3.75	8.79
Accredited	5	3.76	8.54
Pasteurised.....	516	3.60	8.79
Sterilised.....	60	3.56	8.73
Undesignated	60	3.54	8.75
T.T. Pasteurised	151	3.60	8.79
Total	906	3.71	8.77
Average composition of samples taken during 1950.		3.61	8.73

Offences other than Adulteration.

3 offences were reported to the Health Committee and the action taken as follows :—

Offence.	No. of Cases.	Action Taken.
Milk (Special Designations) (Raw Milk) Regulations 1949 Second Schedule Part I (c) 2. List of churns containing T.T. milk not sealed, contrary to above regulations	3	Offenders cautioned.

Samples taken for Analysis during the Year 1950.

Article.	No. of Samples obtained.			Result of Analysis.		Action Taken.			Remarks.
	Formal.	Informal.	Total.	Genuine.	Non-Genuine.	Prosecutions	Convictions.	Cases Dismissed.	
Milk	460	446	906	888	18	..	..	..	No action as all samples were as they came from the cow.
Condensed Milk	..	7	7	7	..	..	..	..	
Baking Powder	..	4	4	4	..	..	..	..	
Biscuits	..	4	4	4	..	..	..	..	
Bacon	..	9	9	9	..	..	..	..	
Butter	1	9	10	10	..	..	..	..	
Cheese	..	8	8	8	..	..	..	..	
Lard & Cooking Fat	..	7	7	7	..	..	..	..	
Tea	1	9	10	10	..	..	..	..	
Margarine	..	9	9	9	..	..	..	..	
Sugar	..	9	9	9	..	..	..	..	
Coffee & Chicory	..	4	4	4	..	..	..	..	
Custard Powder	..	4	4	4	..	..	..	..	
Cornflour	..	3	3	3	..	..	..	..	
Desiccated Coconut	..	3	3	3	..	..	..	..	
Cocoa	..	3	3	3	..	..	..	..	
Dried Fruits	..	9	9	9	..	..	..	..	
Essences & Flavourings	..	3	3	3	..	..	..	..	
Fish Cakes	2	..	2	2	..	..	..	..	
Flour & Pudding Mixtures	..	9	9	9	..	..	..	..	
Flour	..	2	2	2	..	..	..	..	
Ground Ginger	..	1	1	1	..	..	..	..	
Ground Cinnamon	..	2	2	2	..	..	..	..	
Golden Raising Powder	..	1	1	1	..	..	..	..	
Grapes	..	1	1	1	..	..	..	..	
Gravy Salt	..	3	3	3	..	..	..	..	
Ground Rice	..	2	2	2	..	..	..	..	
Genoa Cake	..	1	1	1	..	..	..	..	
Ground Nutmeg	..	1	1	1	..	..	..	..	
Ground Cloves	..	1	1	1	..	..	..	..	
Ice Cream	..	109	109	109	..	..	..	..	
Ice Cream Powder	..	1	1	1	..	..	..	..	
Jams & Marmalade	...	5	5	5	..	..	..	..	
Herbs	..	7	7	7	..	..	..	..	
Lollipops	..	20	20	20	..	..	..	..	
Lollipop Syrup & Colagele	..	4	4	4	..	..	..	..	
Lentils	..	3	3	3	..	..	..	..	
Mixed Spice	..	3	3	3	..	..	..	..	
Minced Beef	1	..	1	1	..	..	..	..	
Macaroni	..	2	2	2	..	..	..	..	
Mincemeat	..	1	1	1	..	..	..	..	
Mixed Peel	..	1	1	1	..	..	..	..	
Mustard	..	2	2	2	..	..	..	..	
Oats & Oatmeal	..	2	2	2	..	..	..	..	
Potato Crisps	3	3	6	6	..	..	..	..	
Peas (Dried)	..	1	1	1	..	..	..	..	
Peas (Split)	..	3	3	3	..	..	..	..	
Pepper	..	1	1	1	..	..	..	..	
Pepper Flavoured Compound	1	3	4	4	..	..	..	..	
Pastes	..	12	12	12	..	..	..	..	
Synthetic Cream	1	2	3	3	..	..	..	..	
Rice	...	3	3	3	..	..	..	..	
Sauces & Pickles	..	7	7	7	..	..	..	..	
Semolina	..	4	4	4	..	..	..	..	
Sausages	20	..	20	18	2	..	..	..	Deficiency in meat content, reported to Food Committee.
Tinned Sausage	..	1	1	1	..	..	..	..	
Salad Cream	1	1	2	2	..	..	..	..	
Salt	..	2	2	2	..	..	..	..	
Shredded Suet	..	1	1	1	..	..	..	..	
Sandwich Spread	..	1	1	1	..	..	..	..	
Tinned Fish	..	6	6	6	..	..	..	..	
Tinned Fruit	..	4	4	4	..	..	..	..	
Tinned Meat	..	4	4	4	..	..	..	..	
Tinned Soup	..	3	3	3	..	..	..	..	
Tinned Vegetable	..	1	1	1	..	..	..	..	
Teaseed Oil	2	..	2	1	1	..	..	..	In the opinion of the Public Analyst a teaspoonful of teaseed oil is not equal to 2 oz. margarine and thus the label is misleading and does not conform to the Sale of Food Regulations. Reported to the Minister of Food.
Tizer	1	..	1	1	..	..	..	..	
Tapioca	..	2	2	2	..	..	..	..	
Vinegar	..	4	4	4	..	..	..	..	
Sago	..	1	1	1	..	..	..	..	
Blancmange Powder	..	1	1	1	..	..	..	..	
Barley	..	2	2	2	..	..	..	..	
Kaymas Chew (Toffee)	1	..	1	1	..	..	..	..	
Marshmallow Wafers	..	1	1	1	..	..	..	..	
Household Drugs—									
Sulphur Ointment	1	2	3	3	..	..	..	..	
Gregory Powder (2)	..	..	..	..	..	..	..	..	
Glauber Salt (2)	..	4	4	4	..	..	..	..	
Bicarbonate Soda (3)	..	..	..	..	..	..	..	..	
Boricacid Powders (3)	..	6	6	6	..	..	..	..	
Epsom Salts (4)	..	..	..	..	..	..	..	..	
Liquorice Powder (2)	..	6	6	6	..	..	..	..	
Liquid Paraffin (2)	..	..	..	..	..	..	..	..	
Stomach Powder (1)	..	3	3	3	..	..	..	..	
Ointments (5) Castor Oil (2)	..	7	7	7	..	..	..	..	
Petroleum Jelly (1)	..	..	..	..	..	..	..	..	
Camphorated Oil (2)	..	3	3	3	..	..	..	..	
Borax (1) Syrup of Figs (1)	..	..	..	..	..	..	..	..	
Tooth Paste (1)	..	3	3	3	..	..	..	..	
Light Mag. Carb. (1) Aspirin (1)	..	..	..	..	..	..	..	..	
Paregoric (1)	..	3	3	3	..	..	..	..	
Eucalyptus Oil (1) Glycerine (1)	..	2	2	2	..	..	..	..	
Cod Liver Oil (1) Comp. Ess. (1)	..	2	2	2	..	..	..	..	
Friar's Balsam (2)	..	..	..	..	..	..	..	..	
Cream of Tartar (1)	..	3	3	3	..	..	..	..	
Tartaric Acid (1) Cascara Sagrada (1)	..	2	2	2	..	..	..	..	
Whisky	2	..	2	2	..	..	..	..	
Rum	1	..	1	..	1	..	..	..	The sample contains 64.9% proof spirit instead of 65% as required by the Food & Drugs Act. As the label stated that the sample contained 70% of proof spirit the matter was referred to the Minister of Food.
Gin	1	..	1	1	..	..	..	..	
Wines	5	..	5	5	..	..	..	..	
Beer	..	2	2	2	..	..	..	..	
Totals	505	856	1361	1339	22	..	..	..	

BACTERIOLOGICAL EXAMINATION OF MILK.

Samples of all milks coming into and sold in the City are taken regularly and submitted to bacteriological examination. In all, 1,207 samples were procured, the results being as follows :—

Designation.	No. taken.	Satis-factory.	Unsatisfactory.	
			Meth. Blue	%
T.T. (Farm Bottled).....	112	98	14	12.50
T.T.	273	232	41	15.00
Accredited	58	50	8	13.80
Undesignated	379	288	91	24.00
Total.....	822	668	154	18.73
T.T. (Past.)	122	118	4	3.28
Pasteurised.....	239	232	7	2.93
Sterilised.....	24	24	—	—
Total.....	385	374	11	2.86

PHOSPHATASE TEST.
(Public Analyst).

Designation.	No. Taken.	Satisfactory.	%
T.T. (Past.)	122	122	100
Pasteurised.....	239	239	100
Sterilised.....	24	24	100
Total	385	385	100

TUBERCULOUS MILK.

260 samples were submitted to the Bacteriologist who subsequently reported 2 of them to be positive. In each instance the appropriate action was taken in the matter. These samples were of milk produced on one farm in the County of Northumberland and one in Cumberland. The table following sets out the grades of milk samples and the results of the examinations :—

Designation.	No. Taken.	Negative.	Positive.	Percentage. Positive
T.T. (Pasteurised) ...	13	13	—	—
T.T. (Farm Bottled) .	18	18	—	—
T.T.	46	46	—	—
Accredited	13	13	—	—
Undesignated	145	143	2	1.38
Pasteurised.....	22	22	—	—
Sterilised.....	3	3	—	—
Total	260	258	2	0.77

The percentage of milk samples found to contain tubercle bacilli during the past 31 years is as under :—

Year.	Percentage of Samples found Tuberculous.
1920-29	4.5
1930-39	2.8
1940	5.7
1941	2.3
1942	5.0
1943	3.0
1944	3.1
1945	0.8
1946	2.1
1947	1.3
1948	2.3
1949	1.8
1950	0.7

MILK CHURNS.

A considerable number of empty milk churns on return to the producers, wholesalers, etc., from milk vendors on Tyneside, pass through the Central Railway Station. These, as well as those on return from the vendors in the City, are examined at the Railway Station, at the dairy premises in the City and also on the road haulage vehicles when in the City. There is no legal obligation upon the sender of an empty churn to affix his name and address on it, consequently when any such churn is found uncleansed identification is extraordinarily difficult.

Of the 15,345 churns examined 153 (0.99%) were found to be uncleansed and unidentifiable as to the consignor.

THE MILK AND DAIRIES REGULATIONS, 1949, SECTION 8 AND THE FOOD AND DRUGS ACT, 1938, SECTION 22

Inspection of all premises dealing in milk is carried out regularly and during the year apart from minor offences, the condition of the premises have been found to be satisfactory. Eighty applications were received for registration as retail purveyors of milk and all were granted. The total number of premises dealing in milk is :—

Producers of Milk (Wholesale)	1
Producers and Retailers	16
Shops (Sale of Dairy or the like Commodities)	56
Shops (General)	461
Total	534

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1949.

The number of licences granted during the year is in accordance with the following table :—

	GRADE OF MILK.					
	Steril-ised.	T.T.	Accred-ited.	Past-euri-sed.	T.T. (Past.)	Total.
Pasteuriser-bottler-dealers	—	—	—	2	—	2
Steriliser-bottler-dealer	1	—	—	—	—	1
Producer-bottler-retailers	—	4	3	—	—	7
Bottler-retailers	—	7	—	8	—	15
Retailers	335	18	1	156	64	574
Supplementary Licences (Retailers)	1	6	1	6	3	17
Total	337	35	5	172	67	616

The Public Health (Condensed Milk) Regulations 1923, 1927.

Seven samples of condensed milk were procured, all of which were certified to be genuine and in full compliance with the regulations.

Artificial Cream.

Retail premises on the register number 2. The manufacture for sale for human consumption of this commodity is still prohibited under a Civil Defence Regulation therefore no action has been taken.

Ice Cream—Newcastle Corporation (General Powers) Act, 1935, Sec. 4.

Premises used for the manufacture, storage and/or sale of ice cream, together with the person occupying such premises or vending ice cream, are registered under the above Act. During the year 167 applications for registration were received and, after inspection and where required, improvements carried out, all were granted.

Careful and constant supervision is exercised over these premises and the persons engaged therein, so as to maintain hygienic conditions. The number of premises on the register is 534.

Type.	Sale of		
	Open.	Pre-packed.	Open and Pre-packed.
Manufacturer only (Wholesale).....	..	7	..
Manufacturer (Wholesale & Retail) ..	17	12	8
Vendors (Shops, all types)	34	434	22
Total.....	51	453	30

During the year 297 samples of ice cream were procured from manufacturers and vendors, 109 being submitted to the Public Analyst and 188 to the Bacteriologist. The analysis and examination results are set out in the following tables :—

ICE CREAM.

PUBLIC ANALYST.

Number of Samples.	Manufactured.		Fat Content (Between).
	In City.	Outside City.	
Nil	—	—	0 and 1 per cent.
3	3	—	1 and 2 ,,
19	17	2	2 and 4 ,,
18	17	1	4 and 6 ,,
15	12	3	6 and 8 ,,
17	13	4	8 and 10 ,,
11	3	8	10 and 11 ,,
26	1	25	over 11 ,,
109	66	43	Average fat content 7.80%

BACTERIOLOGIST.

Provisional Grade.	Manufactured in City.		Manufactured outside City.		TOTAL	
	No. of Samples.	%	No. of Samples.	%	No. of Samples.	%
1	77	55.40	34	69.38	111	59.02
2	18	12.95	8	16.34	26	13.82
3	10	7.19	2	4.08	12	6.37
4	34	24.46	5	10.20	39	20.79
	139		49		188	100%

Grades 1 & 2=72·87% satisfactory. Grades 3 & 4=27·13% unsatisfactory.

In addition 20 water ices (Lollipops) were examined and all found sterile.

Butter and Margarine Warehouses, Etc.

2 Butter Factories and 32 Margarine Warehouses are registered under section 34, Food & Drugs Act, 1938. These premises were inspected on 70 occasions when conditions therein were found to be satisfactory.

19 samples of Butter and Margarine were submitted to the Public Analyst and certified genuine. During the taking of these samples, margarine containers, wrappings, etc., were examined and all found to be in compliance with the provisions of the Act.

Preservatives in Food.

Of the 1,361 samples submitted to the Public Analyst, 2 (of sausage) were found to contain preservative which was within the prescribed limit. The remainder (18) were free from preservatives. 20 samples of sausages were also submitted to the Public Analyst as to their meat content, and in 2 samples the meat content was found to be below the prescribed percentage. Details of the deficiencies were submitted to the Food Control Committee.

Bakehouses.

The registered bakehouses in the City total 157 and of these 5 are certified "Basement Bakehouses". Supervision of all these premises is carried out as a routine measure and minor causes for complaint only were found during the inspections.

In regard to the Basement Bakehouses, renewal of certificates becomes due in October, 1953.

No. of Factory Bakehouses (Mechanical)	101
(Non-mechanical) ...	51
No. of Underground Bakehouses (Mechanical)....	4
(Non-mechanical)	1
Total	157

Restaurant Kitchens, etc.

Much attention has been directed to ensuring sanitary conditions throughout all of these premises. In many of the small premises, kitchen space is somewhat cramped and consequently maintenance of a standard of real cleanliness is rendered much more difficult than is desirable. On the whole however, managements and staffs are now becoming more conscious and co-operative in this matter of cleanliness in relation to food handling, and generally the premises have been well conducted throughout the year.

During the year the number of these premises increased by 24 and are :—

Hotel Kitchens	47
Cafes and Restaurants	101
Snack Bars	33
Refreshment Rooms	2
Canteens	75
Coffee Stalls	1
Total	259

Fried Fish Shops.

The number of registered shops is 139 an increase of 1 since 1949. Comments as to this trade are set out on page 154.

WATER SUPPLY.

The supply of water is furnished to the City by the Newcastle and Gateshead Water Company who also supply other areas on Tyneside. The main supply is pure upland surface water obtained from large catchment areas at Catcleugh (close to the Cheviots) and in lower Northumberland. Secondary supply is from the River Tyne at Barrasford and Wylam. Reservoirs are situated at Catcleugh, Colt Crag, Hallington, Simonburn and Whittle Dene. Filtering and Chlorinating stations are situated at Whittle Dene and Throckley, 11 and 5 miles respectively west of the City.

From these stations the domestic water supply is piped into the City, whilst the great riverside works, for trade purposes, are catered for by a separate trade main. The great majority of our 82,019 dwellinghouses possess an adequate internal water supply. In 551 of them (population approximately 2,000), the supply is by standpipes in the back yard, whilst in 3,039 others, supplies are available to the ground floor holdings from back yard standpipes, with internal supplies to the other floors. The water supply has been satisfactory in quality and quantity and is not liable to have plumbo-solvent action. 10 houses in a colony situate in a rural outskirt of the City are supplied from wells, and from each the water is subjected to periodic sampling.

Bacteriological Examination.

The domestic supply is sampled weekly from supply taps on premises within the City and also at Throckley Water Works and two other control stations outside of and west of the City.

Throughout the year 368 samples have been taken, whose classification is as follows :—

BACTERIOLOGICAL EXAMINATION OF WATER, 1950.

	Class 1.	Class 2.	Class 3.	Class 4.	Total.
		Contained 1-2 B. Coli per 100 ml.	Contained 3 - 10 B. Coli per 100 ml.	Contained in excess of 10 B. Coli per 100 ml.	
	Highly Satisfactory.	Satisfactory.	Suspicious.	Unsatisfactory.	
Waterworks	146	6	3	1	156
Domestic Supplies.	153	5	..	..	158
Wells	6	2	1	1	10
Public Baths	43	1	..	..	44
Totals	348	14	4	2	368

Chemical Analysis.—4 samples were taken monthly from the domestic supply and from different points within the City, and in each sample the Public Analyst certified that the water was of satisfactory organic purity, its microscopical characteristics were good, it was clear and bright and suitable for public supply. The average analysis of the chemical samples is set out below :—

	Parts per 100,000.
Total solids dried at 180°C.	18·25
Chlorine as chlorides	1·36
Free ammonia.....	0·0058
Albuminoid ammonia	0·005
Nitrogen as nitrates	0·006
Oxygen absorbed (4 hours at 80°F.)	0·258
Total hardness	13·005
Permanent hardness	3·675
Temporary hardness	9·33
Lead and copper	Nil.
Iron	0·013
pH value	7·216

Public Baths.—"Break Point" chlorination of the plunge bath waters is carried out and samples of these waters are regularly taken and submitted to the Bacteriologist for examination. As an additional

measure the water is tested with the "chloroscope" weekly by the Inspectorial Staff so as to ascertain its sterility or otherwise and its pH value. Throughout the year all samples were satisfactory and the average pH value was 7.30.

NUISANCES.

The weekly average number of nuisances dealt with was 169 and the total for the year 8,787, this number being slightly in excess of the preceding year's total of 8,499. With the exception of one instance none of the nuisances dealt with call for comment as they were of a type commonly dealt with day by day. As to the exception it was a recurring nuisance which arose towards the end of 1949 out of the conveyance by rail of hides, skins and bones to a Glue and Chemical works in the City. This material, collected from many parts of the country was found on several occasions on arrival at the railway sidings to be heavily infested with maggots. Trucks loaded with this infested material discharged a constant trickle of maggots which formed offensive areas on the ground of the sidings, and on trans-shipment of these trucks to a station in the East suburb, similar conditions were set up. Apart from the most offensive smells which emanated from the material, flocks of birds were attracted to it and the nuisance became aggravated by their droppings. The interests of national economy hindered an immediate stoppage of this conveyance of material, and after meetings with officials of the British Railways and the firm concerned a solution of the trouble was hammered out, put into operation and has proved satisfactory.

Notices Served.—The total number of notices of all kinds was 69 below the previous year and in each type, the number was closely the same as last year.

Number of notices served :—		
Informal	3,806	
Statutory	4,259	
		8,065
No. of "summons" letters sent		931
*No. of other letters sent		1,977
No. of circular letters sent		1,705
Total		12,678

* Includes letters sent relative to the "Overcrowding" provisions of the Housing Act, 1936 (" permitted numbers," etc.).

SANITARY INSPECTORS' TOTAL SUMMARY FOR YEAR 1950

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
*Complaints from Health Department	578	714	545	522	632	558	733	734	733	608	677	652	7686
*Complaints on District	70	49	60	57	76	43	75	67	64	67	83	50	761
*Nuisances found on District	39	31	28	24	49	34	60	20	11	15	19	10	340
Inspections of Dwelling Houses—													
Under P.H. Acts	631	698	591	444	661	557	737	682	711	606	671	900	7889
Housing Act (Sect. 9) and Consol. Regs.	..	..	..	..	..	..	..	..	..	..	..	..	..
Housing (Slum Clearance)	39	..	58	17	3	248	77	2	84	167	52	45	792
Housing Applications	53	4	62	50	71	49	76	47	61	67	61	33	634
Housing Overcrowding	7	49	11	7	7	5	17	11	4	9	5	46	178
Tenement Holdings	155	151	167	172	111	117	243	87	128	144	95	64	1634
Tenement Yards, Courts, etc.	80	76	122	81	78	47	108	51	69	70	95	95	972
Tenement. as to Limewashing	..	..	..	..	15	..	..	..	..	..	2	2	19
Houses let in Lodgings	10	13	6	1	7	4	3	2	4	..	4	2	56
Houses let in Furnished Rooms	3	..	..	..	..	..	..	143	4	..	..	..	150
Revisits *re* Works Ordered	1469	1271	1692	1604	1279	1306	1426	967	1051	1817	1838	1253	16973
Supervision of Work in Progress	179	117	182	217	154	173	249	131	137	177	157	116	1989
Inspections of Drainage Work	20	12	69	46	41	31	29	31	27	40	67	39	452
Miscellaneous Visits	386	504	457	444	457	371	546	441	295	443	408	581	5333
Inspections of Other Premises—													
Offices (Sect. 92, P.H.A. '36)	26	23	32	47	66	23	18	4	46	13	12	17	327
Shops (Sect. 10 Shops Act)	77	28	58	23	46	13	10	11	4	12	30	11	323
Hairdressers' Premises	6	5	..	1	2	1	5	4	2	1	2	1	30
Hotels, Inns, Public Houses	69	62	89	67	52	81	67	46	34	42	65	66	740
Cinemas, Theatres, Halls, etc.	21	38	45	36	40	43	32	22	31	29	32	26	395
Stables, Manure Pits, etc.	20	39	9	16	23	13	17	10	1	19	7	4	178
Piggeries	3	3	14	7	12	7	4	4	6	6	7	2	75
Yards, Accumulations, etc.	3	12	16	3	7	5	11	8	5	4	6	3	83
Public Conveniences	41	43	39	45	33	38	34	21	15	21	20	47	397
Tents, Vans, Sheds, etc.	..	..	2	1	2	431	5	3	..	4	..	..	448
Ditches, Streams	..	..	5	..	1	..	1	..	..	..	..	..	7
Schools (Sanitation)	3	4	6	5	3	1	4	..	5	5	..	2	38
*Smoke Observations (½ hour)	22	48	56	28	18	22	32	10	19	26	19	18	318
Visits to Boiler Plant	11	12	13	10	5	5	11	1	2	3	11	5	89
Inspections of Drainage Work	37	27	8	6	4	9	17	22	16	26	19	15	206
Re-visits, *re* Works Ordered	68	65	57	81	55	72	33	15	24	58	30	26	584
Miscellaneous Visits	69	60	70	44	70	56	64	152	79	56	65	57	842
Inspections of Food Premises—													
Cowsheds	7	10	4	..	4	2	42	5	17	7	30	3	131
Dairies (Bottling/Filling)	19	30	31	22	39	20	20	19	12	21	19	14	266
Milkshops (Retail)	73	86	102	68	109	171	106	85	100	89	110	98	1197
Ice Cream Manufactories	11	14	23	24	22	20	32	16	17	20	15	17	231
Ice Cream Retail Premises	82	81	137	126	123	151	162	114	394	117	131	122	1740
Ice Cream Vehicles	1	5	9	8	8	23	11	11	1	3	1	..	81
Margarine Warehouses	1	..	31	3	3	5	5	1	1	3	2	5	60
Butter Factories	..	..	3	2	1	..	..	1	3	..	..	..	10
Meat Retailers	94	51	90	67	58	68	51	63	28	34	46	22	672
Fishmongers/Poulterers	28	35	27	40	29	43	28	30	21	22	16	15	334
Grocers	96	75	140	96	109	98	94	66	70	63	66	73	1046
Fruiterers/Greengrocers	83	88	82	71	128	130	71	122	75	66	63	59	1038
General Dealers	181	174	172	151	176	265	213	188	324	165	217	167	2393
Food Manufactories (Sect. 14)	17	11	22	31	8	6	11	11	2	20	3	9	151
Catering Establishments	34	41	58	51	42	54	46	30	67	34	39	36	532
Bakehouses (Mechanical)	19	22	13	16	11	15	14	19	18	12	14	12	185
Bakehouses (Non-Mechanical)	12	8	13	14	13	8	6	7	16	11	11	11	130
Bakehouses (Domestic)	10	5	7	9	6	8	10	6	8	5	5	3	82
Fried Fish Shops (Day)	103	39	48	49	41	40	57	36	34	30	37	38	552
Fried Fish Shops (Night)	1	..	..	2	2	2	..	1	1	5	..	1	15
Inspections of Drainage Work	3	5	15	6	5	1	3	17	9	3	10	9	86
Supervision of Work in Progress	60	44	67	66	60	37	25	12	31	66	16	19	503
Miscellaneous Visits	68	24	32	9	23	1173	23	65	76	12	23	56	1584
Offensive Trades—Blood or Soap Boiler	..	6	7	..	..	..	2	6	..	1	1	1	24
Fat Extractor, Bone Boiler, Gut-Scraper	4	2	4	1	5	4	1	2	2	8	10	4	47
Glue and Size-Maker; Tripe Preparer	1	4	..	..	2	1	2	4	..	1	..	..	15
Hide and Skin Dealer; Rag and Bone Dealer.	..	1	..	..	..	..	..	..	..	..	..	..	1
Supervision of Works in Progress	..	..	..	..	..	..	..	..	..	..	..	..	..
												Total:	54,939

*Not included in total number of Inspections

SUMMARY OF NUISANCES ABATED AND IMPROVEMENTS EFFECTED.

Matters Dealt With.	Dwelling Houses.	Tenem'ts.	Food Premises and Street Vendors.	Shops.	Offices.	Places of Public Resort.	Other Premises.	Totals.
Accumulations	46	42	7	4	..	..	13	112
Animal Nuisances	11	..	2	1	..	..	..	14
Cowsheds Cleansed	..	..	..	..	..	..	..	..
Cowsheds Repaired, Improved	..	..	..	..	..	..	..	..
Cooking Accommodation Repaired	5	1	..	..	..	..	..	6
Cooking Accommodation Provided	..	5	..	..	..	..	..	5
Dampness	745	117	3	1	..	2	..	868
Dustbins	878	134	118	136	2	3	1	1272
Drain Tests Applied	158	2	18	59	..	3	5	245
Drains Found Defective	46	2	3	24	..	..	1	76
Drains, Waste Pipes, Cleared	293	101	10	6	4	6	1	421
Drains/Soil/WastePipesRepaired/Renewed(Yds.)	745	30	55	149	14	3	28	1024
Drains/Soil/Waste Pipes Provided (Yds.)	301	3	115	22	..	2	20	463
Doors and Windows	1393	178	35	6	..	24	5	1641
Ditches and Streams Cleansed	..	..	..	..	..	..	..	..
Floors	378	67	51	7	2	3	..	508
Food Stores Provided	31	27	5	..	..	1	..	64
Fireplaces/Flues	152	36	4	..	..	..	..	192
Lighting Improved	..	4	22	4	..	1	..	31
Manure Pits Emptied	..	..	..	..	..	..	..	..
Manure Pits Repaired/Improved	..	..	..	..	..	..	..	..
Offensive Trades (Contraventions Remedied)	..	..	..	..	..	..	1	1
Piggeries Cleansed	..	..	..	..	..	..	..	..
Piggeries Repaired/Provided	..	..	..	..	..	..	1	1
Roofs, Gutters, Spouting	1930	332	30	7	..	2	3	2304
Rooms Cleansed/Redecorated	18	27	183	24	5	11	..	268
Sanitary Accommodation Provided	23	2	17	13	6	7	..	68
Sanitary Accommodation Repaired	888	152	39	14	2	11	3	1109
Sanitary Accommodation Cleansed	6	7	4	..	..	2	2	21
Sinks/Wash Basins Repaired	61	5	7	4	..	..	2	79
Sinks/Wash Basins Provided	17	16	70	40	6	2	1	153
Sites Cleared	6	..	..	..	..	..	2	8
Stables Cleansed	..	..	..	..	..	..	..	..
Smoke Nuisances (Domestic)	130	33	..	..	..	..	..	163
Smoke Nuisances (Industrial)	..	..	..	..	..	..	..	..
Temperature Improved	..	..	..	..	..	..	..	..
Urinal Accommodation Provided (Ft.)	..	..	..	..	..	9	..	9
Urinal Accommodation Cleansed	..	..	..	..	..	5	..	5
Ventilation Improved	31	7	48	16	4	5	..	111
Walls and Chimneys (External)	199	17	3	..	..	..	..	219
Walls and Ceilings (Internal)	1553	360	127	14	1	2	1	2058
Washing Clothes Accommodation Provided	3	2	..	..	..	..	..	5
Washing Clothes Accommodation Repaired	46	28	..	..	..	..	..	74
Water Supply Provided (New)	9	13	316	83	..	12	..	433
Water Supply Reinstated	478	103	7	3	1	1	1	594
Yards Repaired/Relaid	147	9	8	2	..	..	..	166
Yards Cleansed/Limewashed	8	11	6	1	..	..	..	26
Other Nuisances	443	42	28	2	..	7	..	522
Housing Acts—								
Dwellinghouses Closed	..	..	..	..	..	..	..	..
Dwellinghouses Demolished	..	..	..	..	..	..	..	..
Dwellinghouses Rendered Fit (Informal)	..	..	..	..	..	..	..	..
Dwellinghouses Rendered Fit (Statutory)	..	..	..	..	..	..	..	..
Overcrowding—								
A. New Cases	105	..	..	..	..	..	..	105
B. Rehoused (By Corporation)	87	..	..	..	..	..	..	87
C. Rehoused (Privately)	133	..	..	..	..	..	..	133
Rent Book Amendments (P.Nos. etc.)	51	..	..	..	..	..	..	51

Service of Notices.	INFORMAL. (Verbal) Served.	(Verbal) Complied with.	(Written) Served.	(Written) Complied with.	STATUTORY. Served.	Complied with.
Public Health Act	115	204	2751	1883	4055	4063
Housing Act (General)	..	..	..	6	..	..
Housing Act (Overcrowding)	..	..	..	..	..	..
Shops Act, 1934 (Sec. 10)	12	5	38	83	6	10
Food and Drugs Act, 1938	34	70	300	291	46	17
Corporation Acts and Regulations	4	6	504	242	55	80
Tenement Bye-laws—Owner	..	..	32	26	92	5
Occupier	..	..	16	..	5	..
Totals	165	285	3,641	2,531	4,259	4,175

Legal Proceedings.—Prosecutions (18 summonses) were instituted in 1949 and were adjourned until 1950. All the work required was subsequently carried out and at the adjourned hearing in 1950 the summonses were withdrawn on payment of costs.

Pail Closets, Privies, etc.—The pail-closets, privies etc., are situated in the semi-rural areas on the outskirts of the City. Structurally they are in a reasonably sound condition, and owing to the absence of convenient sewerage facilities they must remain. The conversion of these to water-closets will be enforced immediately suitable facilities are available. Indication of their situation is set out in the following table :—

SITUATION OF PAIL-CLOSETS, PRIVIES, ETC. IN CITY.

Ward.	Dry Ashpits	Pail Closets.	"Cell" Privies.	Combined Privy Ashpits.	Chemical Closets.	Total No.
St. Nicholas	7	—	—	—	—	7
Kenton	1	5	—	21	7	34
Fenham	—	2	2	—	—	4
Jesmond	—	1	—	—	—	1
Dene	—	—	—	2	4	6
Byker	3	—	—	—	—	3
St. Lawrence	—	1	—	—	—	1
Heaton	—	1	—	—	—	1
Total	11	10	2	23	11	57

NEWCASTLE CORPORATION (GENERAL POWERS) ACT, 1935.

The Medical Officer of Health and the Sanitary Inspector are empowered under the above Act to deal, on a 24 hours notice, with defective and/or choked drains, conveniences, soil pipes and waste pipes from baths, sinks, etc. On default of an owner, the works required may be carried out on instructions of the Health Committee and the costs recovered from the owner or occupier of the premises as the case may be. In all, these very useful powers have been invoked in the service of 475 notices, and in 21 instances the specified works were carried out when default was made, at a total cost to the defaulters of £90 17s. 11d.

The works carried out were as follows :—

Choked drains cleared	14
Drains repaired	3
Pedestal W.C. basins renewed	3
Choked sink waste pipes cleared	1
	21

Smoke Abatement.

Byelaws are in operation which allow 3 minutes emission of black smoke per 30 minutes, and any emission in excess is an offence and a nuisance. Whenever this permissible amount is exceeded and also in cases where a heavy emission of "medium" smoke is observed, the cause is enquired into and advice given wherever possible to remedy the fault.

During the year 299 observations were made of 59 factory and other chimneys and 4 informal notices were served.

The following table gives details of smoke inspections :—

No. of chimneys watched	No. of observations made.	No. of chimneys from which black smoke issued in such quantity as to be a nuisance.	No. of times when smoke issued so as to be a nuisance.	No. of notices served (Informal).
59	299	3	4	4

Atmospheric Pollution.

The number of deposit gauges and sulphur dioxide recorders was increased during the year from 4 to 6 and their sites changed so as to enable better coverage for the detection of deposit over the City. The names and situations of the gauges and recorders are :—

1. Benwell—West end of City. $\frac{3}{4}$ mile from west boundary.
2. Kenton—North west end of City. $1\frac{1}{4}$ miles from north boundary.
3. Freeman's Road—North east end of City. $\frac{3}{8}$ mile from north boundary.
4. Stott's Road—East end of City. $\frac{3}{8}$ mile from east boundary.
5. Welbeck Reservoir—East end of City. $1\frac{1}{2}$ miles from east boundary and $\frac{1}{2}$ mile from south boundary.
6. Westgate Cemetery—Mid-west centre of City. $\frac{7}{8}$ miles from south boundary.

Gauges Nos. 2 & 3 are situated in fairly open country whilst the others are in built up areas where deposit is normally heavy. In regard to the atmospheric pollution over the City it will not, and cannot, be effectively controlled except by co-ordinated action by all Tyneside Authorities acting as one controlling authority over the Tyneside area.

During the year a total of eight deposit gauges were in operation with overlapping periods varying from one to eleven months, the average period being 6.25 months. Detail as to the total deposit in each gauge is set out in the following table and from this record, the yearly deposit is calculated.

RESULTS FROM OPERATION OF EIGHT GAUGES IN THE CITY.

Site of Gauge.	Average Deposit.	Rainfall (Millimetres).	English Tons of Deposit per Square Mile							
			Insoluble Matter.			Soluble Matter.	Total Solids.	Included in Soluble Matter.		
			Tar.	Other Combustible	Ash.			Sulphate as SO4	Chlorine as Cl.	Lime as Ca.
Kenton Hall	Month .	71·6	0·18	2·09	4·62	6·06	12·95	1·33	1·05	0·78
	Annum	859·2	2·16	25·08	55·44	72·72	155·40	15·96	12·60	9·36
Westgate Cemetery	Month .	63·15	0·19	4·66	8·11	5·96	18·93	1·87	0·99	0·74
	Annum	757·80	2·28	55·92	97·32	71·52	227·16	22·44	11·88	8·88
Welbeck Road	Month .	51·51	0·24	2·77	4·43	6·23	13·7	2·20	0·94	0·60
	Annum	618·12	2·88	33·24	53·16	74·76	164·4	26·40	11·28	7·20
Benwell Waterworks	Month .	60·75	0·14	1·99	5·56	4·83	12·52	1·27	0·85	0·56
	Annum	729·00	1·68	23·88	66·72	57·96	150·24	15·24	10·20	6·72
Freeman's Road	Month .	72·08	0·055	2·10	3·50	5·60	11·30	1·39	0·97	0·91
	Annum	864·96	0·660	25·20	42·00	67·20	135·60	16·68	11·64	10·92
Stotts Road	Month .	23·6	0·10	6·50	5·77	1·94	14·31	0·53	0·43	0·27
	Annum	283·2	1·20	7·80	69·24	23·28	171·72	6·36	5·16	2·84
City Road	Month .	36·6	0·34	6·73	11·64	6·18	24·90	2·53	0·82	0·54
	Annum	439·2	4·08	80·76	139·68	74·16	298·80	30·36	9·84	6·48
Town Moor	Month .	40·4	0·11	5·32	6·99	5·61	18·07	1·36	0·81	0·72
	Annum	484·8	1·32	63·84	83·88	67·32	216·84	16·32	9·72	8·64
Average per Gauge	Month .	52·46	0·18	4·02	6·33	5·30	15·83	1·56	0·86	0·64
	Annum	629·52	2·16	48·25	75·96	63·60	189·96	18·72	10·32	7·68
Total Deposit (Tons) on the City during 1950	Month .		3·206	71·59	112·74	94·39	281·93	27·78	15·32	11·40
	Annum		38·47	859·08	1352·88	1132·68	3383·16	333·36	183·84	132·48

OFFENSIVE TRADES.

In addition to the offensive trades set out under the Public Health Act, 1936, the trade of Fish Fryer is scheduled as such under a local Act. In the 12 months under report one application was received to establish an offensive trade, and report thereon was presented to the Health Committee who granted the application.

Throughout the year 654 inspections of these trade premises were carried out systematically and minor offences only were detected and dealt with.

Generally the businesses have been carried out in a satisfactory manner. In respect of fish fryers (Fish and Chip Shops) the great majority of these premises' hours of business (apart from two hours at midday) are during the evenings, when inspections are carried out.

The number and types of offensive trades on the register is :—

Fish fryers	139
Rag and bone dealers	8
Tripe boilers	4
Gut scrapers	2
Dealers in hides and skins	1
Bone boilers	2
Fat melters	2
Glue makers	2
Soap boilers	1
Blood boilers	2
Fish curing	1
Total	164

PLACES OF PUBLIC ENTERTAINMENT.

Theatres, Cinemas, etc.

Attention is paid to all places of public entertainment as to the suitability and sufficiency of the amenities provided for patrons and staff, together with the sufficiency of ventilation, heating, lighting and the condition of cleanliness, etc. With regard to premises where application is made to the Licensing Magistrates for a licence for music and/or dancing, a Certificate of Sanitation from the Sanitary Authority must be produced in support of the application. Three such applications were received and granted.

The total number of premises in respect of which Certificates of Sanitation have been issued is 163 comprising 6 theatres and music halls, 35 cinemas, and 122 dancing and concert halls, billiard rooms and cafes.

The number of inspections (day and evening) of all these premises carried out during the year was 395 and sanitary conditions were found to be reasonably satisfactory.

HOUSING.

The Housing Act, 1936.

The number of inspections carried out during the year totalled 1,604.

Sections 11 and 12.

In 3 instances, action was taken to secure the demolition of houses owing to their being totally unfit for human habitation. In each case, the houses were utterly beyond repair and in respect of two of them this action was taken on request by the owners.

Section 51.

No applications were received from owners of working class dwellinghouses for certificates in respect of agreed works of improvement other than repair or decoration.

Section 57.—Abatement of Overcrowding.

The Housing Department of the City Corporation re-housed 220 families (969 persons living under overcrowded conditions) into houses suitable for the needs of each family.

Applications for Council Houses.

The Medical Officer of Health and Chief Sanitary Inspector with the approval of the Housing and Health Committees deal with applications for Council houses, where the conditions are such that their special knowledge should be used to bridge the gap between the "Points Scheme" of the Housing Committee and other matters that are so difficult to assess satisfactorily with so many points.

The applications after consideration are classified in four groups and reports thereon submitted to the Housing Committee.

703 applications were so received during the year, and after investigation and careful consideration, classification was made and appropriate recommendations submitted to the Housing Department.

The great majority of the applications were received direct from the applicants, in addition others were from the Medical Profession and other sources.

In the assessment of the applications careful consideration is given to the type and structure of the house, its amenities, the degree of overcrowding, illnesses amidst the occupants and in particular Tuberculosis. In regard to overcrowding, the 1936 survey revealed it to be 10.7 per cent. in the City. Against this background under the 1936 overcrowding standard is the 71 per cent. of the 700 (approx.) houses tabulated in the following tables.

During the year re-housing was effected by the Housing Department in 168 of the cases, viz. : 21 class B (second priority), 60 class C (third priority), 67 from condemned houses and 20 Tuberculosis Medical Officer's cases.

APPLICATIONS.

From	Total	Houses		Percentage.
		Council	Private	
Tenant	392	18	374	55·76
Married Son of tenant.....	67	20	47	9·53
Son-in-law of tenant	60	20	40	8·54
Other relationship	30	9	71	4·27
No relationship.....	154	46	108	21·9
Total	703	113	590	100·00

REASON FOR APPLICATION.

	Overcrowding. Houses		Overcrowding Plus Illness (Tuberculosis) Houses		Illness. (Tuberculosis) Houses		Other Causes.
	Council	Private	Council	Private	Council	Private	
Tenant	7	189	1	41	21	66	85
Sub-Tenant	56	117	1	11	11	16	
Tenant & Sub-Tenant	26	53	..	..	1	1	
Totals	89	359	2	52	33	83	85
Percentages	63·73		7·68		16·50		12·09
	Overcrowding....71·40 Tuberculosis .....24·18						

PERCENTAGES OF OVERCROWDING.

Private Houses.

No. of rooms in house	0 to 10 %	11 to 20 %	21 to 30 %	31 to 40 %	41 to 50 %	51 to 60 %	61 to 70 %	71 to 80 %	81 to 90 %	91 to 100 %	101 to 125 %	126 to 150 %	151 to 175 %	176 to 200 %	201 to 250 %	251 to 300 %	301 to 400 %	Totals
1....	–	–	19	–	19	–	1	7	–	4	–	2	1	1	–	1	2	57
2....	–	31	7	28	30	–	25	13	3	11	9	5	2	1	1	–	–	166
3....	7	8	32	11	15	3	5	4	2	–	2	7	–	1	–	–	1	98
4....	3	10	14	4	10	3	5	5	–	1	1	4	–	1	–	–	1	62
5....	–	2	9	1	6	–	–	–	–	–	–	–	–	–	–	–	–	18
6....	–	–	3	1	2	–	–	–	–	1	–	–	–	–	–	–	–	7
7....	–	–	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	3
8....	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
9....	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Council Houses.

1....	–	1	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	2
2....	–	2	–	1	1	–	–	–	–	1	–	–	–	–	–	–	–	5
3....	2	1	10	2	5	–	1	1	–	3	–	–	–	–	–	–	–	25
4....	–	1	21	3	11	–	3	1	–	2	1	1	–	–	–	–	–	44
5....	1	–	8	–	3	–	–	–	–	1	–	–	–	–	–	–	–	13
6....	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
7....	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals	13	56	126	51	103	7	40	31	5	25	13	19	3	4	1	1	4	502

Section 62.

Under this section the "permitted number" i.e., the number of persons who may normally sleep in a dwellinghouse without causing illegal overcrowding, is issuable by the Health Committee. During the year 51 such numbers were supplied to applicants after inspection and measurement of the rooms. This information, together with other information as to the name and address of the Medical Officer of Health and of the landlord, must be inscribed in rent books and similar documents. In many instances, upon inspection of rent books, this prescribed information was found to be absent and cautions were therefore sent to all of the delinquents.

Tenemented Houses.

During the year 27 tenemented houses (31 holdings) ceased to be so used.

The number of such houses on the register at the end of the year was 1,380, with holdings therein as follows :—

One-roomed holdings	1,001
Two-roomed holdings	2,497
Three-roomed holdings	509
Four-roomed holdings	47
Five-roomed holdings	9
	4,063

Inspections carried out of these houses numbered 2,625.

Common Lodging Houses.

Thirty three years ago, the business of Common Lodging Houses flourished when 57 registered houses were in active and profitable operation in housing over 2,000 lodgers of both sexes. During the intervening years, this type of business has materially decreased and at the beginning and end of the year 2 houses now remain. The accommodation in them is 88 beds all for male lodgers and throughout the year this accommodation has been in excess of all demands upon it, as the lowest nightly demand was 81 beds and the average nightly demand throughout the year was 84.

The accommodation available for the lodgers, whilst complying with lawful requirements, is not good. The persons who now reside in the houses are generally aged, past active work, and unlike the lodgers of some 20-30 years ago, untroublesome. To meet their demands apart from the accommodation already available, there is a definite need of a well equipped hostel to cater for those who through force of circumstances are compelled to eke out their lives in a common lodging house.

Strict supervision was exercised over the houses and lodgers, and when vermin was found, the houses, beds and bedding disinfested and the lodger cleansed at the Special Skin Clinic.

The following is a summary of inspections made and contraventions found and dealt with during the year :—

Summary of Inspections, Contraventions Found, Etc. :—

Number of houses on the register at the end of the year	2
Applications for registration (Public Health Act, 1936 ; Section 238)	2
Houses ceased to be occupied as Common Lodging Houses	—
Inspections made (day 80 ; night —)	80
Notices served (*re* washing of bed-clothes, 8 ; *re* lime-washing of houses, 4)	12
Defects and contraventions of Bye-laws, etc. :—	
Drains defective	—
Water-closets defective	—
Dustbins required	—
Ventilation not efficient (window sash-cords broken)	2
Yard pavement defective	—
Structural defects (including plasterwork, windows, doors, etc.)	6
Inadequate cleansing of	
Rooms, passages and staircase, etc.	—
Beds and bedding	—
Yards, conveniences, etc.	—
Wash-house	—
Beds and/or bedding defective (mattresses, bedclothes)	1
Bed and bedclothes not " aired " during prescribed hours	—
Ventilation (windows not opened as required)	—
Bedding verminous (Lice 37 ; Bugs —)	37
Cases of infectious diseases reported	—
Deaths reported	—

Slum Clearance.

87 empty dwellinghouses (condemned during previous years) which had become derelict, and in a dangerous condition, were demolished.

Tents, Vans, Sheds and Similar Structures.

There are no tents, vans, sheds or similar structures permanently occupied as dwellings in the City.

New Buildings and Sanitary Alterations.

222 plans were received from the Town Improvement and Streets Committee for examination, and where necessary improvements on the proposals were suggested on their return. The number of plans submitted last year was 150.

DISINFESTATION.

Eradication of Bed Bugs, Black Beetles, etc.

Rehousing.—Whenever an incoming tenant of a new or vacated Council house has lived in a verminous or query verminous house, the rooms, his goods and chattels are thoroughly treated with an insecticide before removal to his new house, whilst soft goods (mattresses etc.) are steam disinfected. When new Council houses become more freely available, the Disinfestation Station may then be reopened to deal with disinfestation by Hydrogen Cyanide gas of the goods and chattels of incoming occupiers, particularly those from condemned dwellinghouses. In the meantime, the present temporary arrangements are affording satisfactory results.

Council and Private Houses.—When private houses are found verminous, then, in accordance with the degree of infestation, the wood mouldings, skirtings, wall coverings, etc., are removed and the rooms and contents therein treated with a liquid and/or powder insecticide. Mattresses and other soft goods are removed and steam disinfected where necessary. Rooms are then thoroughly cleansed and re-decorated.

In Council Estate houses the City Architect carries out all disinfestation work (apart from the use of steam), and when houses are found to be infested the foregoing procedure is carried out, but before replacement of woodwork it is well coated on the back side with creosote or other preservative. After cleansing and re-decoration of the rooms, further treatment with insecticide is given and observation kept on the houses.

Insecticides in use are Zaldecide, Gammexane, D. Solution, Lowes' Deodex, etc., in liquid, powder and fume form. Re-infestation has rarely been found.

The number of premises found to be verminous and dealt with is as follows :—

Council Houses	37
Private Houses	322
Other Premises	3

FACTORIES ACTS, 1937 & 1948.

Factories, manual or non-manual, come within the jurisdiction of the Health Committee. In the latter group powers are, to some extent, restricted. Overcrowding, ventilation, heating, water supply, washing facilities, sanitary accommodation, the handling, preparation and storage of food, and a host of other matters of a hygienic nature call for constant supervision, and during the year 6,537 inspections were made, including inspections under the Food & Drugs Act.

Outworkers.—A list of outworkers (carrying out work on behalf of a factory in their own homes) must be submitted to the Local Authority by occupiers of factories twice per year, in February and August. 17 such lists were received, and 73 inspections were carried out on outworkers' premises.

H.M. Inspector of Factories notifies the Local Authority of any matters under their jurisdiction which have come to his notice to be dealt with by the local Authority. In all 38 such notices were received as to insanitary conditions. These all received attention and the action taken was reported to H.M. Inspector as required by the Act.

Administration of the Factories Acts, 1937 and 1938.

Home Office Tables.

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH. INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS.

PREMISES.	NUMBER OF		
	Inspections.	Written Notices.	Occupiers Prosecuted
(1)	(2)	(3)	(4)
Factories with mechanical power	2,731	115	..
Factories without mechanical power.....	895	37	..
Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)	83	2	..
Total.....	3,709	154	..

2.—DEFECTS FOUND.

Particulars.	NUMBER OF DEFECTS.			Number of defects in respect of which Prosecutions were instituted.
	Found.	Remedied.	Referred by H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)
Want of cleanliness (S.1)	75	60	6	None.
Overcrowding (S.2)	16	10	..	
Unreasonable temperature (S.3)	21	10	..	
Inadequate ventilation (S.4)	7	8	..	
Ineffective drainage of floors (S.6)	1	..	..	
Sanitary Conveniences (S.7) — insufficient	39	46	5	
Sanitary Conveniences (S.7) — unsuitable or defective ...	92	87	21	
Sanitary Conveniences (S.7) — not separate for sexes.....	2	5	6	
Other Offences ..... (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)	90	33	..	
Total	343	259	38	..

OUTWORK IN UNWHOLESOME PREMISES.
(Factories Act, 1937; Section 110).

Nature of Work.	No. of Outworkers	No. of cases of default in sending Lists to the Council.	Prosecutions.
Making Wearing Apparel.....	64	1	None.
Paper Bag Making	5	1	None.
Total	69	2	None.

Workplaces.—Workplaces, wherein is carried out all manner of business and trades, are dealt with under the Public Health Act, 1936, and other Acts. Of these premises 1,779 inspections were made and the following defects found and dealt with :—

Want of cleanliness	32
Want of ventilation	6
Sanitary accommodation insufficient or defective	19
Other nuisances	53
Total	110

LIST OF TRADES.

Group.	Trades.	Number of	
		Factories (Factories Act, 1937).	Workplaces (Public Health Act. 1936).
1	Athletic Outfitters (comprises: the making and repairing of bats, rackets, guns, cycles, billiard tables, golf clubs, etc.)	21	..
2	Bakehouses	157	..
3	Food (comprises: bacon-curing, rolling and smoking, packing of vegetables, fruits, canned goods, ice cream, fish-curing and smoking, sauce and pickles, tripe-boiling, jam making, sugar boilers, egg-sorters, wholesale fish dealers, sausage makers, potato stores, etc.)	258	98
4	Laundries	30	..
5	Metal workers (comprises: blacksmiths, whitesmiths, coppersmiths, locksmiths, tinsmiths, brass-finishers; motor, electrical and general engineers, wireworkers, sheet metal workers, car-breakers, plumbers, engravers, millwrights, etc.)	493	63
6	Restaurant kitchens (including hotels, cafes, dining rooms, snack bars, works canteens, and community food supply centres)	..	255
7	Wood workers (comprises: saw mills, joiners, cabinet-makers, wood carvers, picture framers, undertakers; boat builders and repairers, ladder makers, coopers, toy makers, boxmakers, etc.)	186	30
8	Wearing apparel (comprises: dressmakers, milliners, costumiers, mantle and gown makers, underclothing, bed linen, furriers, shirt makers, tailors, etc.)	104	60
9	Workers in leather (comprises: bootmakers and repairers, bookbinders, bag and trunk makers, belt makers, harness and saddlery, etc.)	110	28
10	Watchmaking and jewellery (comprises: watchmakers, opticians, instrument makers, etc.)	59	15
11	Miscellaneous trades (comprises: transport workers, hide and skin dealers, hay and corn dealers, marine stores, scrap metal works, timber yards, grease and oil stores, bottle washers, photographers, painters and decorators, bouquet and wreath makers, soap boilers, wholesale chemists, cosmetic makers and packers, etc.)	561	146
	Total	1,979	695

Council and other Schools.

Routine inspections numbering 38 were made of all the schools in the City. Minor defects were found and upon verbal request to the Education Authority they were promptly remedied.

Shops Act, 1934 : Section 10.

Persons employed in or about the business of a shop are catered for under Section 10 in respect of ventilation, temperature and lighting of the rooms, together with the provision of sanitary accommodation, washing facilities and accommodation for the taking of meals. In other matters the premises are dealt with under the provisions of other Acts.

Inspections totalling 323 were made, when 642 contraventions were found and dealt with. Details of these inspections are embodied in the "Summary of Inspections" table on page 150A.

Rag Flock Acts, 1911, 1928.

No rag flock is manufactured in the City. It is used, however, in the 36 premises in the City where the trade of upholsterers or bedding makers is carried on. The object of the Acts is to ensure that rag flock used by the upholsterers be in a clean state, and to this end a cleanliness standard is laid down. 11 samples of rag flock were purchased and all were certified by the Public Analyst to conform to the standard. The premises where rag flock is used were also inspected under the Factories' Act, 1937, and during the year a total of 179 visits were made.

Fertilisers and Feeding Stuffs Act, 1926.

Factories, warehouses and retail shops where fertilisers and feeding stuffs are made, stored or sold are visited to ascertain whether the requirements of the Act are being observed.

38 visits were made to factories and premises manufacturing and/or retailing fertilisers and feeding stuffs and in addition these premises were subject to supervision under the powers of other Acts.

24 samples (18 informal and 6 formal) of Fertiliser and 2 samples (formal) of Feeding Stuffs were taken and submitted to the Agricultural Analyst for analysis.

One sample (informal) of Fertiliser (Dried Blood) was found to be low in nitrogen and on taking a formal sample of this article it was found that the nitrogen content did not conform to the "limit of variation" as allowed under the Act. Another informal sample of Fertiliser (Sangral) was found to be deficient in soluble phosphoric acid and in potash. These deficiencies were also found in the subsequent formal sample of this article.

In these deficient samples, the purchaser was prejudiced, and in each instance the matter was reported to the Ministry of Agriculture and Fisheries and also the Inspectors operating the Act in whose areas the articles were manufactured. With regard to the samples of Feeding Stuffs, both were certified as "genuine" but in one (National Pig Meal) the amount of fibre found by the Agricultural Analyst was less than the amount stated in the statutory statement.

In regard to fibre, whilst there is a maximum stated in a Ministerial order no minimum is set out, therefore, the Agricultural Analyst was unable to state whether the deficiency was to the prejudice of the purchaser or otherwise.

This matter was also reported to the Ministry of Agriculture and Fisheries.

Agricultural Produce (Grading and Marking) Acts, 1928, 1931.

Premises where eggs are kept in cold or chemical storage are registerable under these Acts. 4 such premises are on the register and inspections (included under food premises) were made regularly throughout the year.

Pharmacy and Poisons Acts, 1933, 1941.

Listed Sellers of Part II Poisons.

Registration of premises and persons selling poisons scheduled under the above Acts is obligatory and much care is exercised over the registration of any food premises selling such poisons. Generally the the sale in these shops is that of sealed bottles of disinfectant. New registrations during the year totalled 9 and the number of premises on the register at the end of the year was 176.

During the year 28 premises ceased to sell the listed articles and their names and addresses were accordingly deleted from the register.

Grocery, Provision and General Dealers	113
Hairdressers	15
Druggists	9
Hardwaremen, etc	16
Seed and Agricultural Merchants	17
Chemical Disinfectant Manufacturers	3
Electrical Supplier	1
Manufacturing Chemist	1
Veterinary Medicine Vendor	1

242 visits (apart from other inspections of these premises) were made, when the provisions of the Acts and Rules were found to be complied with. Verbal cautions were given in respect of slight offences occurring on 10 premises.

Exhumations.

Two exhumations and re-interments, authorised by Home Office licence, were supervised during the year. The operations were carried out in the early morning in a reverent and sanitary manner and with due regard to the conditions set out in the licence.

Staff Changes.

W. Combey, Deputy Chief Sanitary Inspector, resigned his appointment on the 28th February, 1950, on taking up the appointment of Chief Sanitary Inspector at Oxford. His position was filled by the appointment of L. Mair, Deputy Chief Sanitary Inspector of the Borough of Southall.

District Inspector R. Simpson resigned his appointment on 3rd January on securing a similar appointment with another authority, his place being filled by the appointment of A. Barker.

Conclusion.

The purpose of this final paragraph is to record an appreciation of the excellent work so willingly carried out at all times by the Inspectorial and Clerical staffs as without this excellent work or with less sustained effort the good results of the year's work towards the betterment of public health could not have been secured. In the nature of their work it is in so ma y directions unseen and unrecorded and it is fitting that it should not be forgotten.

W. Gray,

Chief Sanitary Inspector.

INCLUDING REPORTS OF

DISEASES OF ANIMALS AND

INSPECTION OF MEAT AND OTHER FOODS.

VI—VETERINARY OFFICER.

ANIMALS SLAUGHTERED, CARCASES CONDEMNED,

RATS AND MICE DESTROYED.

REPORT OF THE
VETERINARY OFFICER, INSPECTOR OF MEAT, Etc.,
for the Year 1950.

To the Medical Officer of Health.

I have pleasure in submitting the following report which includes the work of inspection under the Public Health Acts during the year 1950.

Tuberculosis.

During the year, one bovine animal was dealt with under the Tuberculosis Order of 1938, this being an animal showing evidence of chronic cough and clinical signs of tuberculosis. Animals may excrete tubercle bacilli by various channels, e.g., through the milk, by coughing, or by excretion of the organism in the fæces, and animals so affected come within the scope of the above named Order and are valued and slaughtered. In the above case a post-mortem examination showed the animal to be affected with advanced disease. During the last twenty years no less than 111 bovine animals within the City have been slaughtered under the Tuberculosis Order, 57 of these animals being affected with tuberculosis of the udder and therefore likely to be excreting numerous tubercle bacilli in the milk. It is worthy of note that not only is the milk from a cow with tuberculosis of the udder a serious source of infection to human beings, but there is definite evidence that cattle whose lungs are seriously affected with tuberculosis may cough up tuberculous matter and infect human beings in close contact with such animals. Thus the complete eradication of this disease from the cattle population of this country constitutes a public health measure which is long overdue.

The incidence of tuberculosis in the bovine population in this country probably lies between 30 per cent. and 40 per cent., so that any scheme of eradication must inevitably be a gradual one if a serious diminution in the cattle population and a resultant shortage of milk is to be avoided. In the past, the failure to tackle the problem energetically may be partly attributable to the fact that during a quarter of a century this country has been engaged in two major wars, and partly to the fact that the general public had shown little or no concern as to the quality of milk it consumed. The advent of the Attested Herd Scheme in 1935 marked a step directed towards the

eradication of tuberculosis from our herds, the basis of this scheme being the tuberculin testing of animals in a herd and the subsequent elimination of all the animals reacting to the test. The progress attained by this scheme was at first slow, but has become rapid in recent years; thus in 1938 there were 4,644 herds of attested cattle in Great Britain; in 1945 there were 20,036 and in 1949 no less than 44,889 herds. Of the 575 dairy cows housed in cowsheds within the City, no less than 413, i.e., 71.82 per cent., have proved negative to the tuberculin test.

The growth of the Attested Herd Scheme in Britain has been largely responsible for the decline in the number of animals dealt with annually under the Tuberculosis Order. In 1938, 19,910 cattle were slaughtered under the Order ; in 1940, 15,801 animals were slaughtered, while in 1949 the figure had fallen to 5,813. It would thus appear that the complete eradication of the disease from our cattle population may well occur within a measurable period of time, and when such a position is attained the chief cause of condemnation of carcases of cattle slaughtered within the City abattoirs will have been removed.

Anthrax.

This is a serious and usually fatal disease of livestock and is of particular public health importance, inasmuch as the causal organism is also capable of infecting man. In animals, the disease in many cases is caused by ingestion of foodstuffs contaminated by the anthrax bacillus, and the majority of outbreaks in Britain arise from the eating of imported feeding cake which has become contaminated in the holds of ships conveying this foodstuff from abroad. The great reduction in supplies of imported animal foodstuffs during the war and early post-war years had the effect of greatly diminishing the number of cases of anthrax which occurred in this country, and in 1948 only 118 cases were recorded. With the resumption of more normal supplies of animal feeding stuffs the number of cases of anthrax has risen and in 1950, the year under review, no less than 344 cases occurred in Great Britain.

A feature of anthrax in animals is the sudden onset of the disease and the rapidity with which death supervenes. As it is not uncommon for animals to die during the journey to a slaughterhouse, the precaution is taken of directing all dead animals to the knacker's yard, while the dressed carcase of any animal which is in any way suspicious of anthrax is detained until it has been examined by bacteriological means. During the year eight examinations were made of blood or

other material from carcases, but none of these revealed the presence of anthrax bacilli. The last case of anthrax within the City occurred in 1946, the disease being detected in a dressed carcase of a bovine animal slaughtered in the County of Northumberland and consigned to a city slaughterhouse.

LIVESTOCK EXHIBITED WITHIN THE NEWCASTLE CATTLE MARKET.

The Cattle Market, which ceased to function as such on the 15th January, 1940, has again operated throughout the year as a Collecting Centre. The number of animals passing through the Centre during the year was 25,094, including 5,322 cattle, 315 calves, 14,237 sheep and 5,220 swine, and an ante-mortem inspection of these was carried out prior to the animals being graded and allocated to the Government Slaughterhouses.

INSPECTION OF MEAT AND OTHER FOODS.

Animals Slaughtered within the City.

Since 1940, the slaughter of cattle, calves, sheep and pigs intended for human consumption has been under the control of the Ministry of Food. This control entailed the closing of the majority of the slaughterhouses within the City and the concentration of slaughter within four establishments, two adjoining the Cattle Market, one at Lime Street and one at Cookson's Lane. In addition to these slaughterhouses conducted by the Ministry of Food, four slaughterhouses are licensed by the Local Authority for the slaughter of horses for human consumption.

The overall result of the concentration of slaughtering within a few establishments has been to render possible the inspection of carcases of all animals slaughtered within the City for human food. This represents a great improvement on the conditions obtaining prior to 1940, when it was an impossibility to inspect more than 50 per cent. of the carcases of the animals slaughtered, and any return to the slaughtering of animals in numerous private slaughterhouses within the City could not on public health grounds be even countenanced.

The following table, which details the number of animals slaughtered in the City during the year 1950, shows a considerable increase over the number slaughtered in each of the three previous years.

The greatest increase was in the number of sheep slaughtered (from 112,449 in 1949 to 125,536 in 1950), this being due to a recovery in the sheep flocks of the country, the numbers of which were seriously depleted by the severe winter of 1946-47. The number of cattle slaughtered also shows an increase (from 28,313 in 1949 to 33,053 in 1950), this being related to the fact that more land has been laid down to grass subsequent to the ploughing-out policy which obtained during the war and early post-war years. An increase is also recorded in the number of pigs slaughtered (from 2,725 in 1949 to 4,317 in 1950), a fact related partly to the improved prices obtainable for pig meat and products, partly to the greater availability of feeding stuffs, and partly to the imposition of a tighter control over pigs slaughtered for private purposes on premises other than Government slaughterhouses. The slaughter of horses for human consumption reached its peak in 1948, when 4,604 were slaughtered within the City. The number fell to 2,641 in 1949, and to 1,666 in 1950, the fall being attributable to a lessening in the demand for horse flesh, to the difficulty in obtaining sufficient horses for slaughter, and to the fact that one of the slaughterers of horses within the City gave up business just prior to the year under review.

Animals Slaughtered on Licensed Premises within the City.

	Year.				
	1950	1949	1948	1947	1946
Cattle	*33,053	28,313	25,885	26,827	29,237
Calves	7,680	6,513	6,863	7,104	14,147
Sheep	125,536	112,449	90,102	92,124	130,617
Pigs	4,317	2,725	1,728	1,242	1,156
Horses	1,666	2,641	4,604	2,582	2,639
Total Animals.	172,252	152,641	129,182	129,879	177,796

*Includes 6,283 cows, 13,080 heifers, 13,263 bullocks and 427 bulls.

Animals found Tuberculous on Routine Slaughterhouse Inspection.

Until tuberculosis is eradicated from our bovine population this disease is likely to remain the main cause of condemnation, either total or partial, of carcases of cattle and pigs. Tuberculosis is also a common disease of poultry, particularly in older hens, though the type of organism differs from that causing the disease in cattle, and avian tuberculosis is in no way related to the disease in the bovine population.

Reference to table overleaf shows that the carcases of 66 bullocks and heifers, 273 cows, 28 calves and 20 pigs were totally condemned on account of tuberculosis during the year 1950. In these cases the disease was of such a nature or was so distributed as to justify the assumption that tubercle bacilli were likely to be present in the meat, and carcases exhibiting such evidence of generalisation were therefore totally condemned. In the majority of cases of tuberculosis in cattle and pigs, however, the disease is confined to a particular part or organ, and it is a justifiable procedure in such cases to condemn the affected part or organ and release the remainder of the carcase for human food. Further reference to the table will show that 3,052 partial condemnations of carcases of young cattle were made on account of tuberculosis, and 1,666 partial condemnations in the case of cows.

Though routine slaughterhouse inspection cannot be as accurate as the tuberculin test in assessing the incidence of tuberculosis in animals it is nevertheless a useful guide, and the incidence of this disease found in animals slaughtered in the City in 1950 was shown to be 11·64 per cent. in bullocks and heifers, 30·86 per cent. in cows, 0·36 per cent. in calves and 3·88 per cent. in pigs. The incidence of the disease found in cows slaughtered in the City slaughterhouses in 1947 was 45·10 per cent ; in 1948 the figure was 37·15 per cent., and in 1949, 39·31 per cent. Thus the incidence of tuberculosis encountered in cows slaughtered in 1950 is the lowest recorded since the keeping of accurate records has become possible, this fall being related to the fact that more and more farmers are embarking on the building up of tubercle free herds with a consequent lowering of the incidence of the disease in cows eventually culled from their herds.

CARCASES INSPECTED AND CONDEMNED.

	Cattle, excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	26,770	6,283	7,680	125,536	4,317
Number inspected	26,770	6,283	7,680	125,536	4,317
All diseases except Tuberculosis : Whole carcases condemned ..	16	59	266	262	55
Carcases of which some part or organ was condemned .	7,769	2,894	15	2,410	499
Percentage of the number inspected affected with diseases other than Tuberculosis	29·08	46·98	3·65	2·12	12·83
Tuberculosis only : Whole carcases condemned .	66	273	28	1	20
Carcases of which some part or organ was condemned ..	3,052	1,666	..	..	148
Percentage of the number inspected affected with Tuberculosis	11·64	30·86	0·36	·00079	3·88

NOTE.—Cattle affected with Tuberculosis includes, besides cows, Heifers 10·03 per cent., Bullocks 13·16 per cent. and bulls 13·8 per cent.

Measles of Beef.

This affection is one due to a small parasite which is found in the muscular tissue of cattle and particularly in the muscles of the jaw. The parasite is visible to the naked eye and has the form of a small water bladder ; it is the intermediate stage of a tapeworm which occurs in man, the latter becoming infected if he consumes infected beef without the meat being thoroughly cooked.

Prior to 1948, the disease in cattle was considered rare, but since that date a regular examination of the jaw muscles has been made during post-mortem inspection, eliciting the fact that measles of beef in Britain is commoner than was formerly supposed. In practically all cases of measles of beef the parasite has only been found present in the jaw muscles, and only two cases have occurred in the City where the parasite was found to be generalised throughout the muscular tissue of the carcase. . Carcases extensively infested are totally condemned as unfit for food, whereas in the case of infection confined to the head it is a common practice to subject the carcase to a temperature of 20°F. for 21 days in order to destroy any cysts which may be present in the deep seated muscular tissue. This treatment by freezing entails a reduction of some £15 in the value of a carcase of beef, due to the fact that the meat is then invoiced by the Ministry of Food to the butcher at a reduced price. The indiscriminate freezing of all cases of measles of beef, particularly where only a single dead cyst is found in the head, is in our view unjustifiable, and where only a single cyst is found it has been the practice within the city to divide the carcase into retail joints, examine the meat surfaces and release the flesh for sale should no further evidence of infestation be found.

NUMBER OF DISEASED ORGANS CONDEMNED.

	Bovine.	Swine.	Sheep.	Total.
HEADS (including Tongues)—				
Tuberculosis	1,456 (125)	107 (1,248)	— (—)	1,563 (1,373)
Other conditions....	58 (14)	— (—)	9 (—)	67 (14)
LUNGS—				
Tuberculosis	4,001 (369)	18 (14)	— (—)	4,019 (383)
Other conditions....	4,563 (72)	226 (213)	479 (37)	5,268 (322)
HEARTS—				
Tuberculosis	283 (31)	— (—)	— (—)	283 (31)
Other conditions....	49 (1)	129 (—)	21 (—)	199 (1)
LIVERS—				
Tuberculosis	315 (175)	3 (—)	— (—)	318 (175)
Other conditions....	8,539 (785) & 37,152 lbs.	44 (80)	479 (111)	9,062 (976) & 37,152 lbs.
PLUCKS—				
Tuberculosis	— (—)	83 (83)	— (—)	83 (83)
Other conditions....	10 (—)	132 (45)	1,445 (30)	1,587 (75)
UDDERS—				
Tuberculosis	4 (—)	— (—)	— (—)	4 (—)
Other conditions....	1,239 (—)	— (—)	— (—)	1,239 (—)
THICK SKIRTS—				
Tuberculosis	455 (—)	— (—)	— (—)	455 (—)
Other conditions....	154 (—)	— (—)	— (—)	154 (—)
SPLEENS—				
Tuberculosis	311 (—)	— (—)	— (—)	311 (—)
Other conditions....	374 (—)	— (—)	— (—)	374 (—)
STOMACHS, MESENTERIES & INTESTINES—				
Tuberculosis	631 (24)	18 (—)	— (—)	649 (24)
Other conditions....	305 (—)	227 (239)	8 (—)	540 (239)

NOTE.—The figures in brackets indicate condemnations during 1939, i.e., the year prior to the introduction of centralised slaughtering. The increased condemnations during the war years and in 1950 may be attributed entirely to the fact that centralised slaughtering rendered possible the post-mortem inspection of 100 per cent. of the animals slaughtered within the City.

The table does not include organs condemned for decomposition and contamination. Organs and parts condemned for these conditions are detailed in the following table.

TOTAL CARCASES, &c., DESTROYED AS BEING UNFIT FOR

	Carcases, &c.				Lungs.				Hearts.		
	Beef.	Veal.	Mutton.	Pork.	Sets Ox.	Sets Calf.	Sets Sheep.	Sets Pig.	Ox.	Sheep.	Pig.
Tuberculosis	339½+ 15,252 lbs	28	1	20+ 144lbs.	4001	..	..	18	283	..	7
Johne's Disease	..	..	..	..	..	..	..	..	..	..	..
Swine Erysipelas	..	..	..	3	..	..	..	..	..	..	..
Necrosis	55 lbs.	..	..	..	..	..	..	..	..	..	..
Actinobacillosis	214 lbs.	..	..	..	..	..	..	..	..	..	..
Actinomycosis	..	..	..	..	..	..	..	..	..	..	..
Pyrexia	1	3	1	9	..	..	..	..	..	..	..
Pyaemia	10	10	11	2	..	..	..	..	..	..	..
Myeloid Leukæmia	1	..	1	..	..	..	..	..	..	..	..
Lymphatic Leukæmia	..	..	..	1	..	..	..	..	..	..	..
Pericarditis	..	..	..	..	..	..	..	..	45	20	28
Hydronephrosis	..	..	1	..	..	..	..	..	..	..	..
Septic conditions	17+ 2,065lbs.	18	31+ 664 lbs.	14+ 176 lbs.	3	..	1	..	2	1	..
Toxæmia	18	4	10	11	..	..	..	..	..	..	..
Gangrene	1	..	..	1	..	..	..	..	..	..	..
Jaundice	1	15	..	2	..	..	..	..	..	..	..
Uræmia	..	..	1	..	..	..	..	..	..	..	..
Enteritis	..	1	1	..	..	..	..	..	..	..	..
Tumours	1+91lbs.	..	1	..	..	..	..	..	..	..	..
Pneumonia	..	..	..	..	7	2	3	149	..	..	..
Pleurisy	2,259 lbs.	3 lbs	549 lbs.	2 lbs.	281	..	47	64	..	..	..
Pleurisy and Peritonitis	931 lbs.	39 lbs.	3	4	..	..	..	..	..	..	..
Pleurisy & Pericarditis	40 lbs.	..	..	..	..	..	..	..	..	..	..
Peritonitis	973 lbs.	6 lbs.	83 lbs.	..	..	..	..	..	..	..	..
Mastitis	..	..	..	..	..	..	..	..	..	..	..
Cirrhosis	..	..	..	..	..	..	..	..	..	..	..
Muscular Fibrosis	195 lbs.	..	..	..	..	..	..	..	..	..	..
Cavernous Angioma	..	..	..	..	..	..	..	..	..	..	..
Oedema and/or Emaciation	22+ 74 lbs.	14	193	5	..	..	..	..	..	..	..
Parasites (Distomatosis, Cysts, Etc.)	..	..	25 lbs.	..	3266	1	428	8	..	..	..
Imperfect Bleeding, Congestion, etc.	..	3	6	1	3	..	..	..	1	..	101
Melanosis	28 lbs.	1	..	..	3	..	..	..	1	..	..
Immaturity	..	197	..	1	..	..	..	..	..	..	..
Traumatism	7729 lbs.	114 lbs	1+ 702 lbs.	404 lbs.	..	..	..	..	..	..	..
Arthritis	103 lbs.	..	367 lbs.	293 lbs.	..	..	..	..	..	..	..
Abnormal odour & taste	3	..	117 lbs.	1	..	..	..	..	..	..	..
Decomposition	2604 lbs.	257lbs.	9½+ 793 lbs.	7 lbs.	2	..	..	..	3+ 40 lbs	..	1
Contaminated	86 lbs.	..	1 + 37 lbs.	6 lbs.	112	..	..	1	9	28	21
Unmarketable (including animals from centres of infection of scheduled disease)	..	..	..	..	..	..	..	5	..	..	..

Human Consumption During the Year 1950.

Livers.				Heads.			Plucks.			Sets Stomachs & Intest's.			Stom-achs.	Mesenteries and Intestines						
Ox.	Calf.	Sheep.	Pig.	Ox.	Sheep.	Pig.	Calf.	Sheep.	Pig.	Ox.	Sheep.	Pig.	Ox.	Ox.	Sheep.	Pig.	Ox Fat.	Udders.	Thick Skirts.	Ox Spleens.
315	..	..	3	1456	..	107	..	..	83	115	..	7	59	457	..	11	..	4	455	311
..	..	..	..	..	..	..	..	..	..	10	..	..	..	248	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	47	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1419 + 61 lbs.	1	..	..	4	2	..	1	120	1	4	..	1	..	2	..	..	..	..	39	5
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..
..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	22
..	..	..	..	..	..	..	4	8	82	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	5	3	..	..	..	..	..	..	..	..	..	55	..
..	..	..	..	..	..	..	1	10	22	..	..	..	..	..	..	..	..	..	..	..
32	..	..	5	..	..	..	..	..	1	16	..	12	11	13	8	4	16 lbs.	..	44	12
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1239	..	..
6,988 + 37,091lbs.	..	1	7	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
61	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
32	1	477	31	..	7	..	..	1291	12	..	..	..	..	..	..	..	..	..	..	..
4	..	1	1	..	..	..	2	11	9	..	..	60	..	1	..	3	..	..	15	22
3	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	119 lbs.	2554 lbs.	1	2	..	..	2	..	2	4	9	..	..	1	..	958 lbs.	..	1	..
5	6	..	1	5	8	..	1	15	1	..	..	..	..	..	..	..	..	22	19	90
..	..	..	..	..	..	..	..	..	..	..	..	44	..	..	..	101	..	..	..	..

CARCASES OF BEEF CONDEMNED WITHIN THE CITY DURING THE PAST TWENTY YEARS.

Total Condemned.		Numbers condemned on account of Tuberculosis.	Percentage Tuberculous.
Year.	Carcases.	Carcases.	Per cent.
*1931	117	94	80.34
1932	135	120	88.89
1933	128	116	90.62
1934	186	158	84.94
1935	182	159	87.35
1936	255	241	94.51
1937	231	208	90.04
1938	263	205	77.94
1939	278	237	88.25
1940	460	413	85.43
1941	450	400	88.88
1942	413	369	89.34
1943	494	413	83.60
1944	416	352	84.61
1945	415	380	91.56
1946	418	364	87·08
1947	361	291	80.60
1948	261	213	81.60
1949	335	264	78.80
1950	414	339	81·88

* Years prior to 1931 are given in previous Annual Reports.

Public Health (Meat) Regulations of 1924.

Visits numbering 6,134 were made to meat and provision shops, restaurants, stalls, vehicles, etc., in the enforcement of the Regulations. A number of contraventions, relating chiefly to meat conveyed in dirty vehicles, and of butchers' shops not kept in a cleanly condition, were found during these visits and cautions administered.

FOOD AND DRUGS ACT, 1938.

Registration of Food Premises.

During the year, 88 applications for registration of butcher's shops to be used for the preparation or manufacture of sausages, potted meats, etc., were dealt with and approved by the Health Committee.

Imported Foodstuffs.

During the year regular routine visits were made to the Quayside. Thirty-one vessels carrying meat foodstuffs arrived from Denmark

and one from Sweden, compared with thirty-two arrivals from Denmark and South Georgia during the previous year. The following were included in the cargoes a percentage of which was examined :—

Salted Pig Offals.

Casks :—318 maws, 45 feet, 18 rinds, 39 casings, 40 chitterlings and 45 tails.

Other Goods.

168,740 sides bacon, 51,259 cases tinned meats, 30 cases sausages and 20 cases udders.

Imported meat arriving by rail and road within the City is subjected to supervision and inspection within cold storage depots and wholesale meat shops.

Number of Visits and Inspections of Premises during the Year 1950.

	Central Markets.			Meat Shops.		Fish Shops.		Provision Shops.		Fruit Shops.							
Slaughterhouses.	Meat and Provisions.	Fruit and Vegetables.	Fish.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.	Wholesale.	Retail.	Wharves and Vessels.	Cold Stores.	Stalls, Carts, &c.	Food Preparing Factories.	Goods Stations.	Restaurants.
1,907	899	645	622	1268	923	223	14	1160	874	937	30	618	19	1051	83	15	3

TOTAL WEIGHT OF MEAT AND OTHER FOODSTUFFS CONDEMNED.

The total weight of meat and other foodstuffs condemned during the year 1950 was 436 tons, 6 cwts., 1 qr., 23 lbs., comprising :—

	tons.	cwts.	qrs.	lbs.
Beef, Mutton, Veal and Pork	163	..	..	25
Offals	126	18	3	9
Fish	1	11	..	16
Provisions	81	4	2	2
Fruit and Vegetables	63	11	2	3
	436	6	1	23

The following figures show the total weights of carcases and offals, fish and provisions, etc. (excluding fruit and vegetables) condemned since 1935. For comparison these figures are given at intervals of five years :—

	tons	cwts.	qrs.	lbs.
1935.....	85	19	2	3
1940.....	234	6	1	8
1945.....	283	14	1	6
1950.....	372	14	3	20

Condemnation Certificates.

Certificates granted in respect of carcases, offals, provisions, etc., condemned during the year 1950, numbered 5,658.

SLAUGHTERHOUSES.

Four slaughterhouses are in use within the City for the slaughtering of cattle, calves, sheep and pigs, and as these are occupied by the Ministry of Food on behalf of the Crown, licensing of the premises by the local authority is unnecessary. Four slaughterhouses, however, are licensed within the City for the slaughtering of horses, 1 at the Cattle Market, 1 at Byker Hill and 2 at Boyd Street, Stepney. All the premises have been regularly inspected, a total of 1,907 visits being made during the year.

Licensed Slaughtermen.

Under the Slaughter of Animals Act, 1933, 4 slaughtermen's licences were granted during the year, making a total of 44 licensed slaughtermen within the City. All applications for these licences are submitted to, and approved by, the Health Committee.

Poultry and Game, Fish, Fruit and Vegetables, Provisions, &c., Destroyed as being Unfit for Human Consumption During the Year 1950.

Poultry and Game.	lbs.
Poultry—4 boxes	1,875
Rabbits	1,971¾

Fish.	lbs.
Fish (various)	6,059

Fruit and Vegetables.	lbs.
Apples	7,460
Apricots	166
Beans	758
Cauliflowers	4,956
Cherries	52
Chestnuts	240
Celery—315 bundles	—
Dried Apples	44
Dried Bilberries	39
Dried Fruits	436
Figs	1,570
Lettuce—279 crates	—
Onions	6,780
Peaches	4,801
Peas	499
Pears	709
Pineapple Pulp	34
Pomegranates—44 crates	—
Potatoes	44 tons, 17 cwts. 58
Prunes	718
Raisins	313
Rhubarb	34
Strawberries	158
Sultanas	113
Turnips	685
Watercress—37 chips	—

Provisions, &c.	lbs.
Apple Rings	77
Artificial Cream—144 gls.	—
Baby Food—741 Tins	—
Bacon	8,026¾
Baking Powder	43½
Barley	842
Barley Crystals—22 tins	—
Barley Flakes	30
Beef (cooked)	66½
Biscuits	6,753½
Black Puddings	97¼
Breakfast Cereals—5,140 pckts.	1,162
Butter	16½
Cake	710½
Cake Powder	71
Calve's Foot Jelly—2 jars	—
Cheese—2,689 portions	602
Coconut	112¾
Cod Liver Oil & Malt—12 jars	—
Coffee	20
Coffee Essence—23 bottles	23
Confectionery	810½
Curry Powder	6
Custard Powder—15 pckts.	—
Dahl	677
Dried Egg—67 pckts.	—
Drinking Chocolate—28 tins	—
Eggs—36	—
Fishpaste—510 tins, 15 jars	—
Flour	3,042
Fondant	2,160
Frozen Eggs—5 tins	616
Fruit Cordial—59 bottles	—
Gelatine	136
Glencetti	421
Haggis	11
Homogenized Foods—3,773 tins.	—

Provisions, &c.—*Continued.*	lbs.
Hops	26
Hors D'œuvres—108 pckts.	—
Ice Cream Powder	25
Jellies—29 pckts.	652
Lemon & Barley Powder—30 tins	—
Lifeboat Rations—147 tins	—
Macaroni	489½
Malt Extract	12
Maws	436
Mayonnaise—3,392 jars	—
Milk Powder	315
Mustard—128 tins, 19 jars	8
Oats—7 tons, 10 cwts., 104 lbs., and 248 packets	—
Oatmeal	1,345
Pepper—13 tins	3
Pickles—590 tins, 2,133 jars	—
Pies—1,846	—
Pig Feet	414
Pig Heads	294
Pig Rinds	112
Polony	17
Pork (salted)	336
Puddings—181 tins, 413 pckts.	—
Pudding Mixture—193 tins, 456 pckts.	1,959
Rice—17 cwts., 40 lbs.	—
Sago	902
Salad Dressing—26,988 jars	—
Sandwich Spread—125,901 tins, 131 jars	—
Sauce—868 bottles	—
Sausage	2,374½
Semolina	1,449½
Spaghetti	216½
Split Peas	516
Suet	45

Provisions, &c.—*Continued.*	lbs.
Sugar	424½
Sweetened Fat	84
Tapioca	7
Tea	57
Tripe	1,935
Vermicelli	84
Vinegar—29 bottles	—
Yeast	883

Tinned Goods.	tins.	lbs.
Fish—15 jars	14,770	—
Fruits—654 jars, 258 bottles	10,469	—
Jam—22 jars	9,553	—
Meats	1,115	22,431
Meat Paste—158 jars	134	—
Milk	11,209	—
Rabbit	186	—
Vegetables	29,600	—

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

During the year, 5,668 visits were made to premises in respect of 1,812 reports of the presence of rats received, and 1,812 premises were inspected and dealt with. Inspection of these premises, detailed below, showed that rats were found infesting 1,533, the remaining 279 being found free from evidence of infestation. Third Party Control work (i.e., baiting, etc.) was carried out on all of the infested premises, 50,328 pre-baits and 10,425 poisoned baits being laid, resulting in an estimated kill of 26,163.

Advice regarding baits, traps, etc., is given free, but where rodent destruction is carried out by the department a charge is made, and a consolidated grant of 50 per cent. of the approved net expenditure incurred by the local authority is made by the Ministry of Agriculture and Fisheries. Where necessary, the testing of drains is carried out in conjunction with an inspector of the Sanitary Department, and structural repairs are enforced by the service of a Notice, if required, on the occupier or owner of the premises.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Reports received	1,812
Number of premises inspected and dealt with in connection with the above	1,812
Number of premises where evidence of the presence of rats or mice was found	1,533
Number of visits made	5,668

Kind of Premises Dealt With.

Allotments	8
Bakeries	5
Breweries	4
Cafes	77
Churches	5
Cinemas	15
Clinics	3
Dwellings	682
Factories	150
Farms	3
Fire Stations	2
Food Depots and Canteens	146
Garages	4
Halls	3
Hospitals	3
Nurseries	1
Offices	101
Public Houses	18
Refuse Tips	10
Residential Hotels	21
Schools	15
Shops (food)	153
Shops (other than food)	270
Slaughterhouses	1
Stables	5
Warehouses	107
	1,812

Number of premises requiring 3rd Party Control Work (i.e., baiting, &c.)	1,533
Number of unpoisoned baits laid	50,328
Number of poisoned baits laid	10,425
Estimated number of rats killed	26,163

LEGAL PROCEEDINGS.

For selling a loaf of bread, which was intended, but unfit for human consumption, in contravention of Section 9 of the Food and Drugs Act, 1938, a firm trading within the City was fined £20 and £2 17s. 0d. costs.

HORACE THORNTON,

Veterinary Officer.

REPORT OF THE

SCHOOL MEDICAL OFFICER

VII—SCHOOL HEALTH SERVICE

SYNOPSIS OF REPORT SUBMITTED TO

EDUCATION COMMITTEE.

ORGANISATION AND ADMINISTRATION.

Assistant School Medical Officers and Assistant School Dental Officers are each allocated to a district clinic and group of schools in a specified area and are responsible for the medical and dental inspection and treatment of the pupils attending these schools. Part-time Orthopaedic Specialists appointed by the Regional Hospital Board attend for consultations at the Central Clinic.

Children found to be in need of specialist advice or treatment are referred to the Senior School Medical Officer and arrangements are made for them at the various hospitals in the City. A complete and detailed report is sent by the hospital concerned in respect of all children so referred, and also reports on those children sent by private practitioners. This system enables a complete history of each child to be compiled.

GENERAL STATISTICS.

The population of the City was estimated at	294,800
The School Population of the City was estimated at	43,197
Net Cost to Rates of Education Services	£603,948
Equivalent Rate in the £	4s. 5.29d.
Product of Penny Rate	£11,461

School Health Services.

Gross Expenditure	£36,077
Less Income	795
Net Expenditure	£35,282
Less Government Grant (taken as 60%)	21,169
Net Cost to Rates	£14,113
Net cost expressed in terms of 1d. Rate	1.245d.

The number of Schools in the City total :—

Primary	52
County Secondary	24
Secondary Commercial	4
Secondary Grammar and High	4
Secondary Technical....	3
Other Institutions	2

Special Schools :—

For Physically Handicapped children	1
For Partially-Sighted children	1
For Educationally Subnormal children	2
Nursery School	1
Nursery Class....	1

MEDICAL INSPECTION.

Routine medical inspections have been carried out for the groups specified in paragraph 49 (2) of the Handicapped Pupils and School Health Service Regulations, 1945, viz. ; —

1. Every pupil admitted for the first time to a maintained school as soon as possible after admission.
2. Every pupil attending a maintained Primary School during the last year of his attendance at such a school.
3. Every pupil attending a maintained Secondary School during the last year of his attendance at such a school.

During the year the number of inspections totalled 10,530. These were made up as follows :—

First Age Group	5,438
Second Age Group	3,704
Third Age Group	1,388

In addition special examinations of pupils were carried out. These children were referred by teachers, parents or school nurses. Re-examinations were also carried out in respect of pupils referred by the School Medical Officers.

There were no parental objections to Medical Inspection during the year.

SCHOOL NURSES' HYGIENE INSPECTIONS.

The number of visits made to schools by the nurses for the purpose of Hygiene Inspections was 1,022 and 71,795 inspections were carried out. The number of individual children found with verminous conditions was 6,487.

These are very necessary routine inspections and are carried out systematically in all the schools. If a Head Teacher at any time reports to the School Health Service that a special visit is considered necessary, this is carried out forthwith. Every encouragement is given to the parents of children found to be unclean at these inspections to cleanse their children, and a supply of D.D.T. hair lotion is provided, free of cost, with instructions for its use.

Under special circumstances, such as the illness of the mother, the cleansing is done at one of the district clinics.

The percentage of children found unclean was 8.04%, a slight improvement on the 1949 figure of 9.03%. There is still a long way to go, however, before a satisfactory figure is reached.

These inspections take up a great deal of the time of the nursing staff as many home visits have to be made and the children have to be kept under observation, as a few of the parents are unfortunately indifferent, dirty and indolent.

Dental Clinics.

At the Routine School Inspections 27,934 pupils have been examined by the School Dental Officers. Of these, 14,532 were found to require treatment.

At the Dental Clinics 12,351 children have been actually treated, 19,440 attendances have been made, 13,503 extractions and 10,511 fillings have been done and gas has been administered in 4,764 cases.

In the past year the work of the School Dental Service was maintained from the various Clinics throughout the City. Regular inspections of the teeth of the school children were made and it was possible to give treatment to almost all who were found to be in need of attention.

Towards the end of the year experimental investigation into the use of fluorine in the prevention of dental decay was begun

and Mr. D. Crombie, the School Dental Officer attached to the East End Clinic, was placed in charge of the work. The work involves a considerable amount of detailed investigation and, although results will not be available for some time, it is hoped that information of value will be obtained. The investigation, which is being undertaken in conjunction with the Sutherland Dental Hospital and other centres throughout the Country, is being carried out at the request of the Ministry of Education and is consequent upon similar work recently undertaken in America.

It is encouraging to report that a big stride forward has been taken during the year in the provision of more suitable accommodation for the Clinics. Premises have been acquired in the East End Health Centre, Shields Road. This is a sound modern building and the Clinic that has been installed there has been equipped with the latest apparatus and appliances and replaces the Clinic at Raby Street School. The Central Clinic at Northumberland Road was transferred to the recently acquired premises in City Road and this Clinic now serves as the new clinical and administrative headquarters of the Service. It contains two modern surgeries, one fitted with an X-ray installation, the other being specially adapted for prosthetic and extraction work. There is also a well equipped dental laboratory and ample accommodation for clerical administration.

In the near future, with these new facilities, it is hoped to be able to provide a comprehensive dental service which will include the provision of dentures and regulation appliances for the children attending the Committee's maintained schools.

Orthopaedic Clinic.

1,734 patients have been in attendance during the year; 2,202 examinations have been carried out by the Orthopaedic Surgeons and 12,652 treatments have been given by the staff of physiotherapists.

The services of the Orthopaedic Surgeons on four sessions per week are now allocated by the Regional Hospital Board and no financial responsibility is attached to the Education Committee.

Ear, Nose and Throat Operations.

Dr. R. D. Forsyth, the Committee's Ear, Nose and Throat Specialist, terminated his services with the Education Committee

on the 28th February, 1950, when he took up an appointment with the Regional Hospital Board.

Children found to be suffering from ear, nose and throat conditions are now referred to the out-patient clinics at the Ear, Nose and Throat Hospital. They are then examined by the specialist who will be carrying out the necessary operation, and their names are placed on the waiting list.

During the year the following operations have been carried out at the various hospitals in the City in respect of school children :—

Tonsils and Adenoids	473
Adenoids	25
Tonsils	14
Antrostomy	39
Tonsil Remnants	3
Mastoid	16
Antrum Wash-out	7
Removal of Polypus	2
Sub-Mucous Resection	5
Proof Puncture	1
Turbinates Reduced	1
Laryngoscopy	1
Total	587

Refraction Clinics.

2,620 children have been specially examined for defective eyesight and, of these, spectacles have been prescribed in 1,523 cases. In addition, 285 children have been examined by Dr. J. D. Milne, part-time Ophthalmic Surgeon, and spectacles were prescribed in 191 cases.

Under the National Health Scheme Ophthalmic Services, 1,269 children have obtained spectacles during the year. In addition, 263 children who were prescribed spectacles during the year 1949 when there was a long delay in delivery, obtained their glasses during 1950.

Ringworm.

At the Newcastle General Hospital 34 cases of Ringworm of the scalp have received X-ray treatment, and, at the Central Clinic, 80 cases have been periodically examined and treated. 63 cases are now fit leaving 17 still under treatment.

Plantar Warts.

At the Central Clinic 44 boys and 121 girls have been treated for this condition. It is caused by a filter passing virus and is known to be infectious. The symptoms include pain on walking or running, the warts being usually limited to the heel or ball of the foot. It is found more frequently in girls.

Treatment has been carried out successfully and 23 boys and 79 girls are now cured.

Speech Therapy.

A Speech Therapy Clinic has been in operation since the beginning of September, when the Committee were fortunate in securing the part-time services of a Speech Therapist, Miss M. Atkinson. Miss Atkinson was appointed by the Newcastle upon Tyne Hospital Management Committee and her services are allocated as follows :—

Newcastle upon Tyne Hospital Management Committee	5 sessions.
United Newcastle upon Tyne Teaching Hospitals	1 session.
Newcastle upon Tyne Education Committee, School Health Service	5 sessions.

During the period September to December, 1950, 52 children (36 boys and 16 girls) were examined by the Speech Therapist and the following is a summary of the conditions found :—

Stammerers	14
Dyslalias	29
Dysphonias	3
Cleft Palate	1
Other Defects	5
Total	52

The patients have attended quite regularly for treatment and the following attendances have been made :—

Boys	218
Girls	94
Total	312

Mass Radiography.

A survey of school leavers up to the 31st March, 1951, was carried out early in the year and 1,656 boys and 1,522 girls were radiographed at the Newcastle General Hospital. Of these, 48 boys and 63 girls were recalled for a second examination. The number found to require further investigation was 8 boys and 14 girls and the division of these cases was as follows :—

	Boys.	*Girls.*	*Total.*
Referred to Chest Clinic	2	6	8
Referred to Thoracic Surgeon's Clinic	—	1	1
Kept under observation at Mass Radiography Unit	6	7	13
Total	8	14	22

Cardiovascular Clinic.

At the Cardiovascular Clinic, organised by Professor W. E. Hume at the Newcastle General Hospital, 46 boys and 65 girls have been specially examined and reported upon.

School Leaving Medical Reports.

At the beginning of the year under review, arrangements were made for a final medical examination to be given to all intending school leavers during their last term of school life, and a report in the form of " contra indications " is passed to the Youth Employment Bureau.

Between January and December, 3,207 leavers were examined in this way. Of these, 2,770 were found fit for any occupation. In the case of 280 boys and 157 girls it was found necessary to advise against certain types of employment.

Special Cases.

198 children—physically handicapped, educationally subnormal or maladjusted—have been specially examined and reported upon.

Pendower Open Air School.

Number of pupils on Register 1st January, 1950	121
Number admitted during the year	73
Number left during the year	70
Number of pupils on Register 31st December, 1950	124

Pendower Open Air School—Classes for Partially-Sighted Children.

Number of pupils on Register 1st January, 1950	36
Number admitted during the year	6
Number left during the year	8
Number of pupils on Register 31st December, 1950	34

Bolam Street Day Special School for Educationally Subnormal Girls.

Number of pupils on Register 1st January, 1950	83
Number admitted during the year	23
Number left during the year	23
Number of pupils on Register 31st December, 1950	83

Lower Condercum House Day Special School for Educationally Subnormal Boys.

Number of pupils on Register 1st January, 1950	136
Number admitted during the year	33
Number left during the year	41
Number of pupils on Register 31st December, 1950	128

Residential Special Schools.

The following children have been cared for in Residential Special Schools :—

Blind	5
Crippled	88
Epileptic	6
Deaf and Dumb	37
Heart Disease	6
Residential Open Air	1
Educationally Subnormal	28
Maladjusted	9
Total	180

Stannington Sanatorium.

40 beds for various forms of Tuberculosis have been practically in constant occupation.

Maternity and Child Welfare Schemes.

(The following figures are additional to those already enumerated above).

1. **Dental.**

At the seven Clinics 417 patients have been treated, 947 extractions and 97 fillings have been done and gas has been administered in 247 cases.

2. Ear, Nose and Throat Operations.

The following operations have been carried out at the various hospitals in the City :—

Tonsils and Adenoids	67
Adenoids	5
Total	72

3. Orthopaedic.

367 patients have been in attendance during the year ; 620 examinations have been done by the Orthopaedic Surgeons and 4,687 treatments have been given by the staff of physiotherapists.

THE SCHOOL MEALS SERVICE.

The following information obtained for the use of the Ministry of Education on three days of the year, selected at random in the months of February, June and October, illustrates the scale on which the School Meals Service operates, and the high proportion, 90·9 per cent. of children who take free milk at school :—

	Pupils in attendance at School.			No. of pupils taking Mid-day Meals and Milk at School.			
	Primary Schools.	Secdy. Schools.	Total.	Meals for Free.	payment.	Total.	Milk.
Feb., 1950	26,739	8,645	35,384	3,612	9,660	13,272	32,023
June, 1950	27,390	8,386	35,776	3,686	9,222	12,908	32,849
October, 1950	26,959	8,689	35,648	3,543	10,032	13,575	32,394

Ministry of Education.

Medical Inspection Returns.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—

Entrants	5,438
Second Age Group	3,704
Third Age Group	1,388
TOTAL	10,530
Number of other Periodic Inspections	1,994
GRAND TOTAL	12,524

B.—Other Inspections.

Number of Special Inspections	12,784
Number of Re-Inspections	3,272
Total	16,056

C.—Pupils found to require Treatment.

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditons recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	99	1,106	1,178
Second Age Group	429	457	842
Third Age Group	280	234	510
Total (prescribed Groups)	808	1,797	2,530
Other Periodic Inspections	152	118	260
Grand Total	960	1,915	2,790

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1950.

Defect Code No.	Defect or Disease.	Periodic Inspections — No. of defects.		Special Inspections — No. of defects.	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	66	34	896	64
5	Eyes—a. Vision	960	85	—	117
	b. Squint	190	43	—	23
	c. Other	52	12	251	37
6	Ears—a. Hearing	58	27	—	31
	b. Otitis Media	80	17	172	6
	c. Other....	15	3	169	45
7	Nose or Throat....	790	314	644	873
8	Speech	41	28	—	24
9	Cervical Glands....	22	30	30	164
10	Heart and Circulation	107	71	—	83
11	Lungs	186	156	3	392
12	Developmental—				
	a. Hernia	16	13	—	—
	b. Other	—	—	—	3
13	Orthopaedic—				
	a. Posture	33	9	—	5
	b. Flat foot	165	58	—	38
	c. Other	151	107	336	134
14	Nervous System—				
	a. Epilepsy	4	14	—	4
	b. Other	7	13	—	25
15	Psychological—				
	a. Development	7	14	—	1
	b. Stability	3	1	—	1
16	Other	129	128	865	675

B. Classification of the General Condition of Pupils inspected during the Year in the Age Groups

Age Groups.	No. of Pupils Inspectd	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	5,438	3,078	56.60	2,097	38.56	263	4.84
Second Age Group	3,704	1,763	47.59	1,765	47.65	176	4.76
Third Age Group	1,388	676	48.70	624	44.96	88	6.34
Other Periodic Inspections	1,994	1,200	60.18	766	38.42	28	1.40
Total	12,524	6,717	53.63	5,252	41.94	555	4.43

TABLE III.

Infestation with Vermin

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	71,795
(ii)	Total number of *individual* pupils found to be infested	6,487
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	6,487
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	30

TABLE IV.—TREATMENT TABLES.

Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III).

	No. of cases treated or under treatment during the year.
Ringworm—(i) Scalp	302
(ii) Body	78
Scabies	64
Impetigo	432
Other skin diseases	16,191
Total	17,067

Group II—Eye Diseases, Defective Vision and Squint.

External and other, excluding errors of refraction and squint	1,777
Errors of Refraction (including squint)	2,620
Total	4,397
Number of pupils for whom spectacles were	
(*a*) Prescribed	1,523*
(*b*) Obtained	1,269*
Prescribed 1949, Obtained 1950	263
Total	3,055

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group III—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated.
Received operative treatment	
(*a*) for diseases of the ear ....:	—
(*b*) for adenoids and chronic tonsilitis	—
(*c*) for other nose and throat conditions	—
Received other forms of treatment....	3,293
Total	3,293

Group IV—Orthopaedic and Postural Defects.

(*a*) Number treated as in-patients in hospitals	95
(*b*) Number treated otherwise, e.g., in clinics or out-patients dept.	1,734

Group V—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics	—

Group VI—Speech Therapy.

Number of pupils treated by Speech Therapists	52

Group VII—Other Treatment Given.

(*a*) Miscellaneous minor ailments....	6,332
(*b*) Other (specify)	—
Total	6,332

TABLE V—DENTAL INSPECTION AND TREATMENT.

(1).	Number of pupils inspected by the Authority's Dental Officers :—	
	(*a*) Periodic age groups	27,934
	(*b*) Specials	4,456
	Total (1)....	32,390
(2).	Number found to require treatment	16,532
(3).	Number referred for treatment	15,411
(4).	Number actually treated	12,351
(5).	Attendances made by pupils for treatment	19,440
(6).	Half-days devoted to : Inspection	219
	Treatment	2,450
	Total (6)....	2,669
(7).	Fillings : Permanent Teeth	9,969
	Temporary Teeth	542
	Total (7)....	10,511
(8).	Number of teeth filled : Permanent Teeth	9,243
	Temporary Teeth	521
	Total (8)....	9,764
(9).	Extractions : Permanent Teeth	2,394
	Temporary Teeth	11,109
	Total (9)....	13,503
(10).	Administration of general anaethetics for extraction	4,764
(11).	Other operations : Permanent Teeth	1,820
	Temporary Teeth	220
	Total (11)	2,040
	Number of children fitted with Dentures	45

APPENDIX.

WELFARE CENTRES : HOW ARE THEY USED ?

Contributed by F. J. W. MILLER, M.D., M.R.C.P., D.C.H., Lecturer in Pædiatrics, Department of Child Health, Durham University, Clinical Adviser in Child Health to the Local Health Authority.

On 8th August, 1899, as a result of the energy of Dr. F. Drew Harris, the first infant welfare centre in England opened in St. Helen's, Lancashire. Now there are clinics in town, village and city throughout the country. But in fifty years things have changed enormously. Infantile mortality has fallen from 150 to 30, the standards of knowledge of mothercraft have wonderfully improved, and health visiting has become much more frequent and effective. In these changed circumstances it is, therefore, reasonable to ask how far the welfare centres are still meeting the needs of mothers, and how many mothers use them. To do this I will draw upon information collected during the work of the morbidity survey of 1,142 families conducted by the Nuffield Department of Child Health and the Newcastle Local Health Authority. Analysis of the records will furnish information upon many aspects of child health other than the primary one of measuring the incidence and describing the types of infectious illnesses found in the children of the city. Here, I wish to give attention briefly to one of those aspects : the use made by our families of the infant welfare centres during the child's first year of life.

Method of Enquiry.

First it is necessary to recall our method of enquiry. We enlisted as our group 1,142 infants born to Newcastle residents during May and June, 1947, and we visited them regularly to collect the detailed history of illnesses. Our health visitors gave the same services as given in the departmental work, and did everything to encourage visits to the clinics ; our medical visitors called upon the families strictly as observers and recorders without undertaking any treatment or clinical responsibility. We wished to influence the group as little as possible whilst observing as closely as possible.

During the first year 1947-1948, the last year before the National Health Service, we lost 44 infants by death, 127 by removal, 4 by parents who did not wish to continue the survey, leaving 967 whom

we followed the whole of the first year. For the purpose of this analysis we have used those followed for the whole year and those who died, giving a total of 1,011 children.

At the end of the first year we were able to collect all the charts from Infant Welfare Centres and thus analyse the number and regularity of attendances. This analysis has been done by Dr. E. G. Knox working as a member of the investigation team.

TABLE I.

ATTENDANCES AT CHILD WELFARE CENTRES
MAY 1947—JUNE 1948.

	Survey Group.	*Deaths.*	*Total.*
Attended C.W.C.	647	8	655
No attendance	294	36	330
Not recorded	26	..	26
	967	44	1011

64·8 per cent. of infants in the survey group attended at least once. In the whole city in 1947, 6,449 net births were reported and 4,104 new attendances at child welfare centres by infants, giving a percentage of 63·7 per cent. of the infants being taken at least once during their first year. This figure approximates very closely indeed to that of the group and gives us confidence that in discussing our survey group we are not dealing with a specially selected, favoured or encouraged section of the community. The small number of 26 cases where the attendance was not recorded concerns mostly mothers who reported to the Health Visitor that they attended the clinic but for whom no chart or record of attendance could be found. Thus, two out of every three infants were taken to the welfare centre at least once in the first year. Let us try to look further to see who uses the centres and how frequently.

Who Uses the Centres ?

In spite of all limitations, the father's occupation is the best single index of the social status of a family and, therefore, of the physical environment of the child. This is recognised in the classification in use in the Office of the Registrar General. Every occupation, trade or profession is coded into one of the five social groups :— I—Professional, managerial, etc. ; II—lesser managerial, etc. ; III—skilled artisan ; IV—semi-skilled workers ; V—unskilled workers.

If our families are grouped according to the father's occupation we obtain the results shown in table II.

TABLE II.

Social Class and the Use of Centres.

	Total in Group.	*Total Using.*	*% Using.*
Social Class I	23	10	43·5
,, ,, II	79	46	58·2
,, ,, III	541	387	71·5
,, ,, IV	147	91	61·9
,, ,, V	146	93	63·7
Not classified	31	20	..

Such a distribution is extremely unlikely to have happened by chance as the differences between the attendances is statistically significant, so we can say that in Newcastle the welfare centres are used mostly by families of artisan type and that attendances decrease at both ends of the social scale. This in many ways is what we might have expected, though the fall in attendance in the groups is not equal, groups I and II attending less than groups IV and V.

Attendance by Maternal Capacity.

During the first year we made a careful assessment of the mothers' care of the infant. The most important fact which stood out was that, in spite of all difficulties of post-war times, the overwhelming great majority of mothers coped well with the children. Only in 15 per cent. was there any doubt or uncertainty. We tested this capacity of coping with attendance at welfare centres, and again found that there was a significant correlation. Either good mothers attended welfare centres or mothers were good because they attended. The mothers grouped as unable to cope were much less likely to attend welfare centres. Thus, the poorer mothers in the sense of being more in need of advice and help—though peculiarly less conscious of that need—are less likely to attend than the good mothers who may need advice less urgently. The welfare centre does not meet the problem of the poor manager who is unconscious or uncaring of her need.

Place in Family.

When analysed according to the place in the family we found again, as for several reasons we might expect, that first children are taken most often but that even so, 30 per cent. of first children are never taken to a welfare centre.

TABLE III.

Place in Family.	*Total*	*Used*	%
1st	435	310	71
2nd	279	186	67
3rd	135	80	59
4th or greater	118	71	60
	967	647	

There is also a significant difference between the attendances of legitimate and illegitimate infants, the latter having a much smaller chance of attendance than the former.

Thus, we find that two-thirds of all infants were brought to the welfare centre at least once in the first year ; that mothers from good artisan homes are the most frequent attenders ; and that first and second children are more likely to be brought more frequently than subsequent children. Mothers with a poor standard of care, with large families, or with illegitimate infants, are less likely to come. And it is just these mothers who really need advice and help.

Frequency and Pattern of Attendance.

Having discovered the number of children who attend once, the next question is how frequently do the mothers continue to attend after their first visit. The 647 infants from the 967 (66·8 per cent.) who attended, were brought altogether 7,177 times or an average of 11 visits for each infant. This may seem like regular and satisfactory attendance, but when we plot out the actual number of visits made by the different infants and mothers, we find a state of affairs requiring further explanation. We find that 25 per cent. of all the infants taken make only three visits or less and then do not return. We do not know, of course, if these are consecutive visits early in the infant's life or merely one, two or three visits scattered throughout the first year. But it does mean that with the 33 per cent. who do not attend at all, nearly 60 per cent. of infants are without satisfactory welfare centre attendance. Why is this ? Is it because the mothers go for a particular reason, are satisfied and feel they do not need to attend again, or is it because they are dissatisfied and therefore do not attend again. We cannot measure this but we do submit it as important for only 40 per cent. of infants in our group—and we have reason to believe it true for the city as a whole—attended the welfare centres more than three times in the first year.

From 967 infants	647	attended	at least once.
From 647 infants	164	attended	3 times or less.
	272	„	6 „
	371	„	10 „
	276	„	*more than* 10 *times.*

It is difficult to postulate any number of attendances as "satisfactory," but if we accept a total of ten visits as adequate, we find that 43 per cent. of the attenders, but only 29 per cent. of the whole group of infants attended satisfactorily. When the number of attenders is plotted against the frequency, we find there is a fairly regular loss from the time of the first visit: the mothers apparently just slowly but quite regularly stop attending. If we could discover the reasons for this fall in attendances we might learn very much about the real needs of the mothers of to-day.

The Time of First Attendance.

If a mother attends the clinic she usually does so early after her return from hospital or after the midwife has left, and we found half of the mothers who attended did so before the end of the first month, and 80 per cent. by the end of the second month. 60 per cent. attended for the first time between two and six weeks, and only 14 infants were taken for the first time after six months.

Patterns of Attendance.

It is insufficient merely to take an average number of visits throughout the year as a satisfactory index of attendance, though it is likely that the 28 per cent. of infants with more than ten visits in the year were in point of fact using the welfare centres satisfactorily.

Patterns of use are difficult to describe and to define. Without knowing the precise circumstances of any visit, how can we determine its usefulness—herein is much of the difficulty in assessing the value of the clinic service. But if child welfare centres are still to be considered as places for the continued supervision of healthy infants, then a regular attendance is desirable and regular visiting should include an early visit and continued attendance at reasonable intervals throughout the first year. In such a case it is probably better to set the standard low rather than high, so we have defined as a regular visitor a mother attending within the first eight weeks after the infant's birth and thereafter up to 44 weeks, making a total of eight visits with not less than eight weeks between visits. Only 180, 28 per cent. of the

attenders and only 19 per cent. of the whole group satisfied this standard. Thus, even with so low a standard, only one out of every five infants was taken regularly to a welfare centre in 1947-1948.

Then there are the mothers who use the centres for the first six months of life. Here we have accepted a visit before eight weeks, followed by six before twenty-six weeks, and gaps of not more than six weeks. In this group fell ninety-two infants, 14 per cent. of attenders and 9 per cent. of the whole group.

There is also a smaller group of forty-four mothers who used the clinics only for three months and in that time made a minimum of four visits with a maximum gap of four weeks.

Why do these mothers stop at three or six months ? Is it because they feel confident to cope with their children and do not feel further clinic help is useful, is it because the clinic does not meet their needs, or are there other objections ? On these points at present we have no evidence.

There are other types of attendance one would like to investigate There is the mother who comes early who attends again once, twice or three times in quick succession and then suddenly stops. Eighty-one of our mothers did this, and here again the reasons might well repay enquiry. Also another interesting group is fifty-five mothers who attended a few times in rapid succession at a later time in the year— again we do not know the reason, whether there was some particular worry at the time of the attendances which became satisfactorily resolved. These groups together are responsible for about 66 per cent. of all attendances, and the remaining third consist of either odd visitors attending only once or twice or of quite irregular attenders.

During this last year before the introduction of the National Health Service, the welfare notes indicated that forty-seven illnesses were referred from the clinics to hospital out-patients. We do not know, of course, how many of the illnesses were seen during the course of a routine visit or how many of the children were taken to the clinic because they were ill, but the 155 " illnesses " represented nearly 9 per cent. of the total number of 1,625 seen in the first year. Most illnesses treated seemed to occur in " regular " users.

Here is the factual record of the use made of welfare centres by nearly 1,000 mothers over a year. One-third never attended, another third attended with some regularity for varying periods, though only

one in five did so regularly for the whole year ; the remaining third attended occasionally and irregularly. This information, though accurate, has become available as a by-product of another investigation and we cannot answer questions concerning reasons for attendance or failure to attend.

Infant welfare work is expensive, and as the general standards of education improve and other channels of information become available, we should ask searching questions of child welfare clinic work. Does it still meet the needs of mothers ? How much of centre work has become mere routine ? Does it still make a significant contribution to the well-being of infants and children ?

If we ask the questions the answers must not be prejudged. But the time has come for assessment, and the proper method of assessment is a carefully designed enquiry.